

**Notice of a public meeting of
Health and Wellbeing Board**

To:	Councillors Runciman (Chair), Baker, Cuthbertson and Lomas
	Dr Nigel Wells (Vice Chair) Chair, NHS Vale of York Clinical Commissioning Group (CCG)
	Sharon Stoltz Director of Public Health, City of York
	Sharon Houlden Corporate Director, Health, Housing & Adult Social Care, City of York Council
	Amanda Hatton Corporate Director, Children, Education & Communities, City of York Council
	Lisa Winward Chief Constable, North Yorkshire Police
	Alison Semmence Chief Executive, York CVS
	Sian Balsom Manager, Healthwatch York
	Gillian Laurence Head of Clinical Strategy (North Yorkshire & the Humber) NHS England
	Naomi Lonergan Director of Operations, North Yorkshire & York -

Tees, Esk & Wear Valleys
NHS Foundation Trust

Simon Morritt

Chief Executive, York
Hospital NHS Foundation
Trust

Dr Andrew Lee

Executive Director for
Primary Care and
Population Health, NHS
Vale of York Clinical
Commissioning Group

Mike Padgham

Chair, Independent Care
Group

Date: Wednesday, 11 September 2019

Time: 4.30 pm

Venue: The George Hudson Board Room - 1st Floor West
Offices (F045)

AGENDA

1. Declarations of Interest

At this point in the meeting, Board Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda. A list of general personal interests previously declared is attached.

- 2. Minutes** (Pages 3 - 8)
To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 1 August 2019.

- 3. Public Participation**
It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **5.00 pm on Tuesday 10 September**

To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

Filming, Recording or Webcasting Meetings

Please note that, subject to available resources, this meeting will be filmed and webcast, or recorded, including any registered public speakers who have given their permission. This broadcast can be viewed at <http://www.york.gov.uk/webcasts>.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:
http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

- 4. Healthwatch York Annual Report and 2019/2020 Workplan** (Pages 9 - 34)
Members of the Health and Wellbeing Board (HWB) are to receive the above report for information, sharing details about the activities of Healthwatch York in 2018/19 (Annex A refers) and providing details of plans for work throughout 2019/20 (Annex B Refers).

5. Annual Report of the York Mental Health Partnership 2018/19 (Pages 35 - 52)

Members of the Health and Wellbeing Board will receive the first annual report of York's Mental Health Partnership covering the period May 2018 to August 2019. This will be presented by the Independent chair of the partnership.

6. Better Care Fund Update (Pages 53 - 74)

Members of the Health and Wellbeing Board will receive the Report of the Corporate Director of Health, Housing and Adult Social Care and Accountable Officer of Vale of York Clinical Commissioning Group (CCG). This report is intended to inform the Health and Wellbeing Board of the Better Care Fund (BCF) Planning Requirements 2019-20 and to provide the annual overview of the York BCF 2018-19.

7. York Carers Strategy 2019 - 2024 (Pages 75 - 108)

Members of the Health and Wellbeing Board (HWB) will receive the report of the Head of Adults Commissioning, City of York Council and are invited to comment on the York Carers Strategy 2019 – 2024 and to formally approve the Strategy on behalf of all HWB partner organisations. The strategy is attached at Annex A to this report and an action plan at Annex B.

8. Primary Care Home and Networks Presentation

Members of the Health and Wellbeing Board will receive a short presentation from Dr Andrew Lee and Dr Nigel Wells on the Primary Care Home and Networks.

9. Health and Wellbeing Board Briefing Paper: Humber, Coast and Vale Partnership Long Term Plan (Pages 109 - 118)

Members of the Health and Wellbeing Board are to receive the report of the Humber, Coast and Vale Health and Care Partnership Director which provides a briefing about the development of the Partnership's Long Term Plan. The briefing is at Annex A to this report.

Chris O'Neill, Partnership Director and Linsay Cunningham, Strategic Lead for Engagement and Communications will be in attendance at the meeting to present the report.

10. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Michelle Bennett

Contact details:

- Telephone – (01904) 551523
- Email michelle.bennett@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

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Extract from the
Terms of Reference of the Health and Wellbeing Board

Remit

York Health and Wellbeing Board will:

- Provide joint leadership across the city to create a more effective and efficient health and wellbeing system through integrated working and joint commissioning;
- Take responsibility for the quality of all commissioning arrangements;
- Work effectively with and through partnership bodies, with clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Agree the strategic health and wellbeing priorities for the city, as a Board and with NHS Vale of York Clinical Commissioning Group, respecting the fact that this Group covers a wider geographic area;
- Collaborate as appropriate with the Health and Wellbeing Boards for North Yorkshire and the East Riding;
- Make a positive difference, improving the outcomes for all our communities and those who use our services.

York Health and Wellbeing Board will not:

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focused on the delivery of specific health and wellbeing services – the Board will concentrate on the “big picture”.
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health Overview and Scrutiny Committee.
- Take responsibility for the outputs and outcomes of specific services – these are best monitored at the level of the specific organisations responsible for them.
- Be the main vehicle for patient voice – this will be the responsibility of Health Watch. The Board will however regularly listen to and respect the views of residents, both individuals and communities.

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City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board	
Date	1 August 2019	
Present	Councillors Runciman (Chair), Baker, Cuthbertson and Lomas.	
	Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
	Sharon Stoltz	Director of Public Health, City of York
	Sharon Houlden	Corporate Director, Health, Housing & Adult Social Care, City of York Council
	Alison Semmence	Chief Executive, York CVS
	Gillian Laurence	Head of Clinical Strategy (North Yorkshire & the Humber) NHS England
	Lisa Winward	Chief Constable, North Yorkshire Police
	Mike Padgham	Chair, Independent Care Group
	Dr Andrew Lee	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group

	Naomi Lonergan	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust
	Maxine Squire (as a substitute for Amanda Hatton)	Assistant Director, Education & Skills, City of York Council
	Emily Abbott (as a substitute for Sian Balsom)	Deputy Manager, Healthwatch York
Apologies	Amanda Hatton	Corporate Director, Children, Education & Communities, City of York Council
	Sian Balsom	Manager, Healthwatch York

40. Declarations of Interest

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, that they had in relation to the business on the agenda.

Emily Abbott, Healthwatch York, declared a personal, non-prejudicial interest in being the Chair of the Heworth branch of the Labour Party.

41. Minutes

Resolved: That the minutes of the previous meeting of the Health and Wellbeing Board held on 13 March 2019 be signed as a correct record.

42. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

43. Presentation: Health and Wellbeing Board Working Arrangements

The Director of Public Health gave a presentation outlining the current working arrangements for the Board and highlighted some areas for discussion on the Board's future direction. The presentation has been attached as a supplement to the agenda.

Members of the Board agreed with the suggestion of a task and finish group to look into the Board's future working arrangements. Members noted that it was important for the Board and its sub-groups to have a more defined focus in the future. It was also noted that the task and finish should be given a short timescale to complete the project.

Members also discussed the new Primary Care Networks and how that will affect the System Transformation Partnerships (STPs) moving forward and how it will be essential to align values and strategic objectives between organisations and geographical areas.

The Chair highlighted the need for three actions:

- The need to decide on joint values and strategic objectives
- The need to look at sub-groups of the Board
- To review the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

Resolved: That the Health and Wellbeing Board considered the report and agreed to:

- Refresh the Joint Health and Wellbeing Strategy in line with the timetable set out in the report at Item 5 of the agenda
- Hold a workshop to identify priorities for the Board
- Hold a workshop to identify the values of the Board
- Set up a Task and Finish Group to look at the sub-structure of the Health and Wellbeing Board (Volunteers to be drawn from the Health and Wellbeing Board membership)

Reason: To enable the board to develop and own a Joint Health and Wellbeing Strategy that will provide a single unifying vision for the improvement of the Health and Wellbeing of York residents.

44. Proposal for a Refresh of the Joint Health and Wellbeing Strategy

The Board considered a report from the Director of Public Health on a proposal to refresh the Joint Health and Wellbeing Strategy.

Members of the Board expressed some concern on the timing of public consultation within the timeline for the refresh. The Board also noted that it would be important to consult with the voluntary sector and Healthwatch York.

The Board agreed to have two workshops, one on the development of joint values (as agreed in item 4) and one on the agreement of joint priorities for the refreshed strategy.

Resolved: That the Health and Wellbeing Board consider the report and agree the timeline for refresh of the Joint Health and Wellbeing Strategy.

Reason: To enable the Board to develop and own a Joint Health and Wellbeing Strategy that will provide a single unifying vision for the improvement of the Health and Wellbeing of York residents.

45. Healthwatch York Reports

Members received a cover report from Healthwatch York highlighting four new reports that had been completed.

There were consistent themes reported within these reports with communication and early consultation highlighted in all of them.

Members of the board welcomed the reports and the Chair of NHS Vale of York Clinical Commissioning Group (CCG) highlighted that the system needed to integrate more, to understand priorities better and suggested that Healthwatch York could be an important tool in helping the health system evaluate performance in these areas.

The Chair of the CCG also noted that Children and Adolescent Mental Health Services (CAMHS) is at the top of the CCG's risk register and their highest priority.

Resolved: That the Health and Wellbeing Board

- Considered the reports from Healthwatch York
- Agree to respond to Healthwatch York within 20 working days from the date of the Board meeting
- Refer the reports to the Joint Commissioning Board for consideration

Reason: To keep members of the Board up to date regarding the work of Healthwatch York.

46. Care Quality Commission: Action Plan Update

Members received an update on the Action Plan from the Care Quality Commission reviews.

The Corporate Director of Health, Housing and Adult Social Care noted that the aim for the board should be to receive fewer update reports on the action plan and instead challenge each other to ensure that the changes required are being embedded in the system.

Resolved: That the Health and Wellbeing Board note the report.

Reason: So that the issues raised by the two CQC reports are recognised by the system as areas for improvement and the refreshed plans can be taken forward in partnership.

Chair's comments

The Chair noted the Board's sincere thanks to Mike Proctor, who had recently retired. The Chair and Board wished Mike all the best in retirement.

Cllr C Runciman, Chair
[The meeting started at 16:30 and finished at 18:15].

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Health and Wellbeing Board
Report of the Manager, Healthwatch York

11 September 2019

Healthwatch York Annual Report and 2019/2020 Workplan

Summary

1. This report is for information, sharing details about the activities of Healthwatch York in 2018/19 (Annex A refers) with the Health and Wellbeing Board, and giving details of plans for work throughout 2019/20 (Annex B Refers).
2. The Board's attention is also directed to the item on the workplan about the York findings for the NHS Long Term Plan engagement work carried out in March and April this year.

Background

3. Healthwatch York has a legal duty to produce an Annual Report each year, by 30 June, and to share it with local and national stakeholdersⁱ. The report contains information about how Healthwatch York have fulfilled their statutory function over the past year. Also included is an update on planned and emerging activities for the year 2019/20.

Main/Key Issues to be Considered

4. Within the Healthwatch York workplan, there are references to two initiatives of importance to the city. Healthwatch York is committed to playing our part in supporting these, but can have little impact alone. Healthwatch York would like to ask the Board to consider making commitments of support to these initiatives. As major employers in the city, collectively committing to being Time to Change organisations would raise the profile of this initiative, and allow others to see how they could make their organisation more supportive of mental wellbeing in the workplace. Also, as a Board it would be helpful to confirm our commitment to 'no permanent placements' and a system that thinks Home First.

Consultation

5. As part of the Annual Report writing process, Healthwatch York commissions an evaluation of their work, engaging local stakeholders in this. A link to this is provided in the background papers section of this report.

Options

6. Health and Wellbeing Board are asked to note Healthwatch York's Annual Report 2019/19 and their summary work plan for 2019/20.
7. With regard to Time to Change the options are:
 - a. Agree to support the Time to Change initiative, and ask each Board member to sign an organisational pledge, committing to supporting our collective workforces by being mental health friendly employers, using our shared learning to help other employers in the city to make this change.
 - b. Make no collective decision, but ask Board members to consider making such a commitment within their organisation.
8. With regard to 'No Permanent Placement' and working towards a health and care system that thinks 'Home First' there is no formal pledge. The options are:
 - a. Agree our general support for this approach; or
 - b. Ask the Ageing Well Partnership to develop a formal plan for how we work across the system to embed this approach

Strategic/Operational Plans

9. The workplan for 2019/20 has been developed to support Healthwatch York in achieving the aim of reaching a wider range of people. This is whilst remaining responsive to issues in health and social care that are of concern to people in York.

Implications

10. There are no specialist implications from this report.

• Financial

There are no financial implications in this report.

- **Human Resources (HR)**

There are no HR implications in this report.

- **Equalities**

There are no equalities implications in this report.

- **Legal**

There are no legal implications in this report.

- **Crime and Disorder**

There are no crime and disorder implications in this report.

- **Information Technology (IT)**

There are no IT implications in this report.

- **Property**

There are no property implications in this report.

- **Other**

There are no other implications in this report.

Risk Management

11. There are no risks associated with the Annual Report.
12. The only risk associated with the workplan is that local priorities can change, and new themes can emerge suddenly. This impacts on the capacity to deliver existing work plans. However, this can be managed internally within the Healthwatch York team by pausing areas of work for a short time.

Recommendations

13. The Health and Wellbeing Board are asked to:
 - i. Receive Healthwatch York's Annual Report
Reason: To keep up to date with the work of Healthwatch York
 - ii. Support the first option around the Time to Change initiative

Reason: To signal our clear collective intent to play an active role in making York a mental health friendly city

iii. Support the second option around 'No permanent placement'

Reason: To make sure organisations across the Health and Social care system work together to drive the culture change required

Glossary

Abbreviations listed in order of first appearance; abbreviations used on multiple papers are only listed once against the paper they first appear in

Background paper – Independent Evaluation

GP	Doctor working in general practice
York CVS	York Centre for Voluntary Service
NHS	National Health Service
DoLS	Deprivation of Liberty Safeguards - DoLS makes sure people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to make sure they are necessary and in the person's best interests.
ADHD	Attention Deficit Hyperactivity Disorder
LGBT	Lesbian, Gay, Bisexual and Transgender
LBGT+	Lesbian, Gay, Bisexual, Transgender encompassing spectrums of gender and sexuality
BME	Black and Minority Ethnic

Annex A – Summer Magazine and Annual Report

IBS	Irritable Bowel Syndrome
ECLO	Eye Clinic Liaison Officer
BAME+	Black, Asian and Minority Ethnic plus, encompassing spectrums of ethnicity
MESMAC	'Men who have Sex with Men – Action in the Community'. It is an acronym that Yorkshire MESMAC no longer officially use, although they are often asked what it means. The name reflects both the grassroots

origins of the organisation and their commitment to a community development approach to their work.

HIV Human Immunodeficiency Virus
STI Sexually Transmitted Infection
YDAA York Dementia Action Alliance
CCG Clinical Commissioning Group
HR Human Resources
CQC Care Quality Commission

Annex B – Summary Workplan Report

STP Sustainability and Transformation Partnership
(previously Plan)
PCNs Primary Care Networks
PPGs Patient Participation Groups
LTP Long Term Plan (an NHS document setting out direction of travel for the next 10 years)
PLACE Patient-Led Assessment of the Care Environment

Contact Details

Author:

Siân Balsom
Manager
Healthwatch York
01904 621133

Chief Officer Responsible for the report:

Alison Semmence
Chief Executive
York CVS

**Report
Approved**



Date 29.08.2019

Wards Affected: All

All

For further information please contact the author of the report

Background Papers:

<https://www.healthwatchyork.co.uk/wp-content/uploads/2019/08/Healthwatch-York-Evaluation-Report-2019-Final.pdf>

Annexes

Annex A - [Healthwatch York Summer Magazine and Annual Report](#)

Annex B – Summary work plan for 2019/20

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/262761/local_healthwatch_annual_reports_directions_2013.pdf

Summer 2019
In this issue

2 **Siân says...** A word from our manager
Thank you (to our marvellous volunteers)

Shopmobility York

3 **Irritable Bowel Syndrome**
Community Bees



A day in the life of...
Vanessa Camp

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BAME+ Sexual Health Drop-in

6 **Dementia: the LGBT+ perspective**

Healthwatch York

Annual Report edition



Message from our Chair

Remembering some people we have lost



Our people



How we've made a difference

York Multiple Complex Needs network



Healthwatch York by numbers



Our finances

1st April 2018 to
31st March 2019

Feedback from our evaluation

Our plans for next year

You can make a difference Every comment counts!

Share your views with Healthwatch York and help improve health and social care services for everyone in York.

Healthwatch is the independent champion for people who use health and social care services. We have branches in every area of England. Your local branch is Healthwatch York.

Our job at Healthwatch York is simple. We're here to help make health and social care work better for you.

Our purpose is to

- + find out what matters to York residents
- + help make sure that residents' views shape the support they need

It's our job to

- + listen to people's experiences
- + share their views with those who can do something about it

We have the power to make sure that those running health and social care services in York

- + hear what you think
- + take action based on people's needs

Another part of our mission is to point you in the direction of the right services.

If you are facing a difficult health decision, or just don't know how to find out about what services or support are available, we are here to help you.

Please help make services better in York, by sharing your thoughts and experiences with us.

And if you have a question why not get in touch?

We're here to make care better for you.

You can phone us on:
01904 621133

You can email us at:
healthwatch@yorkcvs.org.uk

You can leave a message via our website: www.healthwatchyork.co.uk

Talk to us on Twitter:
@healthwatchyork

Sian says...

Hello everyone, and welcome to our Annual Report and Summer magazine. As you may have spotted, we're trialling a new format for our report this year. I really hope you like it, but if you have any feedback please do let us know.

At this time of year, we have two major jobs to do. First, we reflect on how we did last year. We've had our work for last year evaluated, and the feedback we've received will shape our plans for the year ahead. As ever, we need to say a massive thank you to our volunteers, who do such amazing work for us. We simply couldn't do this without you.

Second, we make plans for the work we will do this year. So we will be looking to reach more people, particularly those whose voices are under-represented in health and social care. We're delighted that Catherine Scott is remaining with us, funded by Lankelly Chase, to work with people with experience of homelessness, mental health issues, and substance misuse. You can expect to hear much more about this, and all our other plans as they develop in the coming months!

**Best wishes,
Sian**



Thank you!

Healthwatch York would like to extend a heartfelt thank you to our marvellous army of volunteers. As ever, they made a sterling contribution throughout the year 2018/19

For example, our 42 volunteers:

- + contributed 281 days' worth of their time
- + helped staff 162 information stands and community events
- + spoke to 1550 members of the public at events
- + consulted 89 care home residents in 9 care homes

And that's by no means all. Our volunteers also attended meetings on our behalf; reviewed documents & publications for external organisations; shaped and supervised our research projects and helped us with admin in the office. They attended training sessions and Healthwatch meetings, and provided observations, advice, a listening ear and many valuable suggestions.

It's not just the hours of work our volunteers put in that makes such a difference, it's their service to us as critical friends.

We couldn't do it without you.

Shopmobility York

Shopmobility is a charity that helps people who have difficulty with their mobility.

What do they do?

Shopmobility York:

- + loans specialist equipment, such as powered scooters, manual and electric wheelchairs to anyone with a permanent or temporary mobility problem
- + promotes equality of access
- + encourages the independence of people with disabilities (permanent or temporary)

Who's it for?

Shopmobility York is for:

- + anyone with a mobility problem, whether permanent or temporary
- + York residents
- + visitors to York

Where can I find them?

Shopmobility York is located inside Piccadilly Car Park, adjacent to the Coppergate Shopping Centre: Level 2, Piccadilly Car Park, York, YO1 9NX

Opening times: Monday to Saturday, 10am to 4pm

How do I contact them?

Telephone: 01904 679222

Email: info@shopmobilityyork.org.uk

Facebook: @ShopmobilityYork

Twitter: @mobilityyork

Irritable Bowel Syndrome

Irritable Bowel Syndrome (IBS) is the name for a collection of otherwise unexplained symptoms relating to a disturbance in the bowels.

People with IBS experience frequent abdominal discomfort and bowel symptoms that cannot be explained by any other disease.

IBS has no specific cause, and no single effective treatment.

More common in women than men, it tends to start in the teenage or twenties and may persist on and off throughout life.

Symptoms include:

abdominal cramps (often relieved by going to the toilet)

- bloating
- diarrhoea
- constipation
- frustrated defecation (needing to go to the toilet but not being able to)

Symptoms:

- + can vary from person to person
- + can vary in the same person at different times
- + often change in response to stress, changes in diet or lifestyle

Local support

The IBS Network runs support groups around the country. For people living in York, the nearest IBS support groups operate in:

Leeds

7pm, second Monday of the month

Heart Centre, Bennett Rd, Headingley, Leeds, LS6 3HN

Email: matt@lets cureibs.com

Website: www.lets cureibs.com

Northallerton

6.30pm - 7.30pm, second Monday of the month

The Hub meeting room (at the rear of the cafe), Friarage Hospital, Bullamoor Road, Northallerton, DL6 1JG

Email: nibsgroup@outlook.com

Ripon

6.30pm - 7.30pm, first Wednesday of the month

Sycamore Hall, Kearsley Road, Ripon, HG4 2SG

Email: info@theibsnetwork.org

National support

The IBS Network is a national charity supporting people living with Irritable Bowel Syndrome. They provide information and advice to help people manage their IBS.

Phone: 0114 272 3253

Website: www.theibsnetwork.org

Email: info@theibsnetwork.org

IBS Network members can call their Specialist IBS nurse helpline:
0114 272 3253



We are a 'Not for Profit' company helping reduce isolation, loneliness and the stigma of dementia within the community.

Supporting people around the home and garden, enhancing their confidence to join us at our activities.

Community Bees Decluttering Service

- + a decluttering and gardening service across York
- + all gardening jobs from weeding, grass cutting and pruning to power-hosing
- + declutter lofts, houses and garages/sheds
- + DBS Checked

Community Bees don't give a quote over the phone as every situation is different.

“ We support everybody as well as people who are isolated & lonely. We like to work with the client and encourage them to help us wherever possible.

Although we do not want money to be a barrier we will discuss whether you are able to make a contribution to fund the service.”

Email: communitybees2018@gmail.com

Phone: 07772107763 or 07789045939

Facebook: communitybees2018
Instagram: CommunityBees18
Twitter: @Bees_Community

Community Bees are looking for volunteers! Please contact them if interested.



Vanessa Camp

Senior Eye Clinic Liaison Officer (ECLO)

“I manage the Sight Support Service for the York Teaching Hospital NHS Foundation Trust. I’m based in the Eye Clinic in York and my colleague Chris and I help meet the needs of patients across 6 hospital sites.

As an ECLO, my job is to support patients experiencing difficulty with their sight.”

What’s a typical day at work for you?

My day typically starts with strong black coffee and hopefully time to prepare before the phones start ringing and my first patient arrives.

Every day is busy but different and I never have time to get bored!

I see patients by appointment throughout each day, generally for about an hour. I try to write up notes and do any follow up work the same day, although this is very dependent on how busy things are!

Referrals come from the eye clinic or other hospital departments; from patients or their relatives; GPs, opticians, statutory services and local charities.

Most patients I see are emotionally affected by their eye condition as well as being concerned with the practical implications on their day to day life.

I aim to create a space where people feel they can speak openly and honestly about the things that are causing them difficulty, without feeling they are being judged or labelled in anyway.

We may also discuss different methods and aids to help make the most of low vision.

Hopefully by the end, the patient will feel able to make some choices about what happens next, which could be having another appointment with me.

I will undoubtedly spend part of my day dealing with onward referrals and signposting, and queries via email etc. I may also be involved in training or teaching.

What do you love about your job?

Meeting people and helping to give them hope for the future and the strength to carry on, despite the devastating impact of sight loss...

I am regularly humbled and inspired by the patients I meet. I love having a job that gives me the satisfaction of knowing I am doing something

to help make a difference to somebody else and empowering them to achieve their goals.

What’s your experience of Healthwatch?

I have worked with Healthwatch on hospital boards in the past and always found them to be full of knowledge and enthusiasm - very welcome traits!

Healthwatch York are currently carrying out a research project with patients and staff at the Eye Clinic, looking at the benefits of the Service and how it is supporting people.

What do you wish you could tell your younger self?

Everything I have learnt as I’ve got older

If you had a magic wand...

Make sure that everyone recognises and understands sight loss and how it can impact on somebody. Failing that, find a cure for all sight loss

“ I love having a job that gives me the satisfaction of knowing I am doing something to help make a difference”

Your Public Health Team needs you!

Public Health Experts by Experience

An exciting new project to improve what it is like to live in York with more than one long term health condition.

The public health team have started work on a new project to improve services for people living in York who have more than one long term health condition.

These are conditions which can not be cured but which are managed through medication and changes to lifestyle. This needs assessment will produce a report that will help decision makers plan services in the future.

As we start this assessment, we are looking to recruit a number of Experts by Experience for our reference group.

We are looking for people of any age, and any combination of multiple long term health conditions.

We just ask that you are willing to give your viewpoint on the type of things we should be looking at in our work.

We are flexible about how you work with us.

We would like to bring the Experts by Experience together four or five times over 2019/2020, but this can also be done by phone or by email if preferred.

City of York Council can pay reasonable expenses, such as the cost of bus or taxi travel from a York postcode to West Offices to support you in this role.

For further information, and to arrange a phone call, please contact: jennifer.saunders@york.gov.uk or peter.roderick@york.gov.uk

Or telephone: 01904 551479 or 07896 616 354

BAME+ Sexual Health Drop-in

Yorkshire MESMAC hold a monthly sexual health drop-in in York exclusively for BAME people, offering a professional service in a confidential and non-judgmental environment

Yorkshire MESMAC is one of the oldest and largest sexual health organisations in the country, with bases in Leeds, York, North Yorkshire, Bradford, Wakefield, Rotherham and Hull.

They offer services to various communities including men who have sex with men, BME people, people misusing drugs, sex workers and LGB&T young people and adults.

Yorkshire MESMAC York office: The Workshop, Marygate Lane (off Marygate), York YO30 7BJ

Telephone: 01904 620400

Email: york@mesmac.co.uk

Website: www.mesmac.co.uk

- + first Monday of the month, 12pm - 2pm
- + no appointments necessary
- + snacks provided
- + held at The Workshop, Marygate Lane (off Marygate), York, YO30 7BJ

For more details or immediate support, contact the office on: 01904 620400 or Lilly on 07710 099 033

- + rapid HIV test (results within 20 mins)
- + STI screening (chlamydia, gonorrhoea and syphilis)
- + free condoms and lube
- + contraception
- + hepatitis B vaccinations
- + 1-2-1 support
- + community peer-support group during the session, with food provided



Dementia: the LGBT+ perspective

In May, Healthwatch York and York Dementia Action Alliance (YDAA) held a joint event to raise awareness of the additional challenges of LGBT people living in care and with a diagnosis of dementia.

York LGBT Forum delivered their powerful and moving 'Free to be Me in Care' training session, and the feedback from participants was incredibly positive.

Patrick Ettienes, a young gay man who has dementia, sent us some words to help explain why it is such an important issue:

“It’s important for people to recognise the different support needed for LGBT people because people from our community don’t live heteronormal lives.

A lot of those now facing dementia from our community would have come from an era where it was illegal to be gay, and don’t have the family support most would have”.

Watch Patrick on Youtube in the Alzheimer’s Society ‘Bring Dementia Out’ video:

<https://www.youtube.com/watch?v=Tskv2GFG5L8>

As the ‘Bring Dementia Out’ campaign explains, while everyone’s experience of dementia is unique, there can be many additional challenges specific to a person’s sexual orientation or gender identity:

- + LGBT+ people with dementia who have faced discrimination or stigma may feel forced back into the closet, or their dementia could mean they feel they are still living in those times**
- + Trans people with dementia may go back to a time before they transitioned, which can be distressing and confusing**
- + Some LGBT+ people may feel isolated as they may have no family or long-term partner to support them**

York Dementia Action Alliance and Healthwatch York will be running further events to

explore dementia from an LGBT+ perspective. Sign up to the YDAA mailing list to find out more.

Contact: York Dementia Action Coordinator Anna Harrison

Email: dementia-action@yorkcvs.org.uk

Telephone: 01904 621133

Website: www.yorkcvs.org.uk/yorkdaa

Twitter: @York_DAA

York LGBT Forum

Website: www.yorklgbtforum.org.uk

Email: yorklgbtforum@gmail.com

Telephone: 07731 852533

Alzheimer’s Society Bring Dementia Out campaign and resources: www.alzheimers.org.uk/get-involved/bring-dementia-out





We gather

what you say about health and social care

We champion

what matters to you

We share

what you tell us with those with power to make things better

Healthwatch York

Annual Report 2018-19

Message from our Chair



One of the privileges of Healthwatch York is our access to a cross-sector, bird's eye view of the city.

We get into the nooks and crannies of health and social care thanks to an independence that allows freedom and access enjoyed by few.

The quality of our work depends on that freedom, and on our ability to maintain good relationships with people working in statutory services and the voluntary sector.

There would be no point gathering the views and experiences of York residents if we had nowhere to take them, if nobody listened.

Very often, what we report back to people running local services is hard stuff for them to hear. And you might presume that they don't want to hear it. But you'd be surprised. In the main, people welcome our contributions because it helps them to improve things.

The reality is that we and our colleagues in health and social care are all trying to do our best. What I see is people working hard across all sectors with scant resource at one of the hardest times I've known, all trying to navigate an austerity landscape.

At Healthwatch York, what we see day in, day out, in meetings and at events, is people working hard to make York a better place for us all.

Thank you!

Healthwatch York is supported by many charities, community groups and representative organisations, as well as staff and services across health and social care and the voluntary sector. On behalf of Healthwatch York, I want to give special thanks to:

- + **NHS England**
- + **Healthwatch England**
- + **Lankelly Chase**
- + **York CVS**
- + **Neil Bond**
- + **The Healthwatch York Leadership Group, especially Volunteer Lead Lesley Pratt**
- + **Our fabulous Healthwatch York Volunteers**

And to **Catherine Scott**, who stepped up and steered our ship through a year of troubled waters with courage, kindness and tremendous skill. You did a great job Catherine, and we thank you.

We were deeply saddened by the deaths of two key York people this spring

Kevin McAleese, former chair of York Safeguarding Adults Board

“I knew Kevin for many years and always found him very supportive of Healthwatch York. He was always very keen to come along to our annual meetings and be involved.

He always made sure the public voice was at the centre of any decisions made - one of the many things I will remember him for.

He was a lovely man and he will be missed. ”

**Lesley Pratt,
Healthwatch York Leadership Group**

Sandra Gilpin, founder, York People First

“In founding York People First, Sandra didn't just set up an important and influential organisation that represents - and is run by - people who have a learning difficulty.

She created a community, a family. Her sudden death was a blow felt by many, and she is dearly missed. ”

Siân Balsom, Healthwatch York

Our people



Staff

Healthwatch York is run by a staff of six people. We're a small team but we get a lot done and are proud of our ability to punch above our weight.

As well as the day-to-day business of answering the phones and dealing with emails, we get out and about talking to York residents; attend meetings, forums and events; conduct research; write reports; deliver training; recruit and support volunteers; compile a quarterly magazine; work with our partners at City of York Council, Vale of York CCG and in the NHS, as well as a multitude of community groups and charities. We distribute information. We gather people's stories and experiences, and use them to make change happen in York. We listen. We represent. We influence.

Volunteers

We are supported by around forty fabulous volunteers. They represent Healthwatch York at meetings; host regular stalls all over York; proof-read and sense-check leaflets and reports; visit care homes; undertake research into local health and social care services; and act as our eyes and ears on the ground.

Leadership Group

The Healthwatch York Leadership Group is a strategic advisory body, supporting the Healthwatch staff team to deliver Healthwatch in York. The Leadership Group safeguards the independence, openness and transparency of Healthwatch York.



Pictured above: The Healthwatch York core team: Siân Balsom, Manager; Helen Patching, Project Support Officer; Emily Abbott, Deputy Manager; Liz Belsey, Research Officer; Abbie Myers, Engagement Officer

Inset: Catherine Scott, Systems Change Lead

How we've made a difference

Highlights of our year

Published our report on LGBT+ Experiences of Health and Social Care in York:

<https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-report-LGBT-experiences-of-Health-and-Social-Care-Services-in-York-September-2018.pdf>

Published the third edition of our Mental Health and Wellbeing Guide:

https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Mental-Health-Guide-Issue-3v2_web.pdf

Published the second edition of our guide to What's out there for people with dementia in York:

https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Dementia_final-April-18.pdf



Published our quarterly magazine

Published our 2017/18 annual report and stakeholder survey

- + Held our Annual Meeting
- + Made 26 'Making a Difference' Awards to 10 local organisations
- + Attended 162 information stands and community events
- + Attended 9 community drop-ins each month across York, talking to people, hearing their stories, sharing information and signposting them to health and social care services and support
- + Went out and about in the community with Explore mobile library bus
- + Held an engagement event about a potential Priory Medical Group Hub at Burnholme Community Hub
- + Researched changes to anti-coagulation services, and changes to Body Mass Index thresholds for surgery
- + Conducted 4 surveys
- + Conducted 9 care home assessments
- + Reviewed and suggested improvements to 10 publications for health and social care organisations, and the Live Well York website
- + Supported the Universities of Sheffield, Hull and York to hear patient views to help shape training for Advanced Care Practitioners
- + Strengthened our links to organisations working with people with multiple complex needs
- + Secured funding from Lankelly Chase for development of Multiple Complex Needs network
- + Funded by NHS England to conduct engagement work on the NHS Long Term Plan
- + Piloted the Safeguarding Stories project for City of York Council Safeguarding Adults Board, to learn how it feels to be part of the Safeguarding process
- + Kept on going despite several months of low staffing: from 4.2 full time equivalent staff to 2.4 (and happily now back to full strength!)

How we've made a difference

Highlights of our year

York Multiple Complex Needs network

What is it?

A cross-sector, multi-agency network.

Made up of providers, practitioners and people with lived experience.

Working together to change the system in York, so that people experiencing multiple and complex needs get better support.

Who is the network trying to help?

People who:

- + Present to multiple services without resolution of their problems, or those who don't access services at all
- + Tend to get worse rather than better
- + Have conditions that can become overwhelming for both the individual and for services
- + Represent a key client group for most service agencies - they are not just the 'responsibility' of mental health/homelessness/police
- + Tend to have problems around homelessness, substance misuse, mental health and/or offending

Why is this work being done?

Conversations with over 25 agencies in the city recognised that York does not support this group of people well enough. And wanted to change this.

How is the network trying to help them?

By:

- + generating knowledge
- + learning
- + building relationships
- + working in a creative and collaborative way
- + including people often excluded from this type of work
- + including people working on the frontline

How is this work being done?

The network was brought together by Healthwatch York, Changing Lives and Lankelly Chase, and is supported by a core team: Catherine Scott (Healthwatch York), Kelly Cunningham (Changing Lives), Paul Connery (Independent Associate) and Habiba Nabatu (Lankelly Chase).

They also have support from others including Newcastle Business School, York Mix.

Healthwatch York by numbers

720...
people and organisations
on our mailing list




162 information stands & community events attended

42
volunteers



40
voluntary and community sector organisations who are signed up as Healthwatch York partners



90
people submitted feedback via 'rate and review' on our website



2,336 Twitter followers
240 tweets tweeted

254
people shared their views

- Excellent
- Good
- Poor



31,537
web page views

9 care homes visited
89 care home residents consulted



78 meeting reports written and shared
5 guides and reports published



Four surveys launched
397 people responded to our surveys

Time contributed by Healthwatch York volunteers **281** days
Members of the public we spoke to at events **1550**

Our finances

1st April 2018 to 31st March 2019

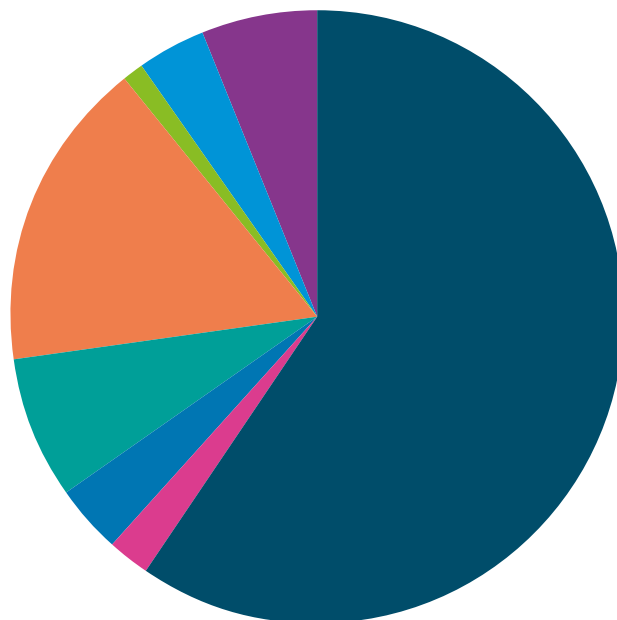
Income

City of York Council	£130,149
Healthwatch England	£2,500
Total	£132,649

Expenditure

Staff salaries and expenses	£82,334.92
Volunteer Expenses and Training	£3,059.15
Meeting and Events	£5,053.75
Marketing, printing, reports	£10,430.40
York CVS Management fee	£22,645
Healthwatch York evaluation	£1,625
Website and office costs	£5,046.06
Office equipment and computers	£895.14
VAT	£1,269.54
Total Expenditure	£132,358.96
Overspend for the year 2018/19 (Generated by other income)	£290.04

Summary of expenditure



- 1 Staff costs
- 2 Volunteer Expenses and Training
- 3 Meeting and Event costs
- 4 Promotion and Marketing
- 5 York CVS Management fee
- 6 Project evaluation
- 7 Website and office costs
- 8 Office equipment and computers
- 9 VAT

Notes explaining expenditure during the year

- 1 Staff salaries, expenses and training
- 2 Re-imburement of expenses incurred by volunteers, plus training cost
- 3 Costs of venue hire and associated costs for meetings and events
- 4 Costs of producing publications, and promoting Healthwatch York
- 5 Payment to York CVS covering accommodation costs, financial, HR and payroll support, IT, telephones and administration
- 6 Cost of commissioning an evaluation of the work of Healthwatch York
- 7 Website and online feedback centre, freepost and stationery
- 8 VAT on all purchases

Feedback from our evaluation

Healthwatch York conducts an annual stakeholder survey of statutory partners and health and social care organisations in the voluntary and community sector.

We ask about our performance, and for examples of how Healthwatch York:

- + contributes to improving health and social care services in York
- + influences health and social care services in York
- + meets its stated aims

This year we took a different approach, commissioning an independent evaluation conducted via one-to-one interviews with key stakeholders.

The evaluation report provides a huge pat on the back and a wealth of positive feedback. More importantly, it is a tool to guide improvement.

The report says:

66 There is good evidence from stakeholders that Healthwatch York is well-established and respected in the City of York as an organisation that contributes to improving and influencing local health and social care services.

Stakeholders can give specific examples of where Healthwatch York meets its stated aims.

They note the impact that Healthwatch York achieves within a finite set of resources and in the context of growing demand for health and social care services.

Stakeholders demonstrate how they value their relationships with Healthwatch York.

They have constructive suggestions to further develop partnership working and are supportive of ensuring that Healthwatch York has a sustainable and viable future in the city. 99

It recommends examining:

How to increase influence; marketing and promotion; not spreading ourselves too thin; use of volunteers; our role as critical friend; amplifying the voices of the seldom heard, and sharing our co-production expertise

Suggestions include:

- + reviewing services for those who commit offences
- + ensuring the voices of children and young people are heard, particularly around mental health and prevention
- + improving reach into Black and Minority Ethnic communities
- + developing a menu of chargeable services, to make us more sustainable



Our Mission and Aims

Mission

Healthwatch York puts people at the heart of health and social care services, enabling you to be heard. We believe that together we can help make York better for everyone.

Aims

- + Healthwatch York is responsive to the needs of York residents
- + Healthwatch York understands what is happening in relation to health and social services in York
- + Healthwatch York speaks up about the provision of health and social care services in York
- + Healthwatch York uses the reviews, words and stories of service users to show the impact of health and social care services in York
- + Healthwatch York involves the public in the work they do
- + Healthwatch York advocates for people's active involvement in their health and social care
- + Healthwatch York provides an effective service for the people of York using health and social care services
- + Healthwatch York reaches new people and partners

Our plans for next year

The independent evaluation of Healthwatch York 2018/19 describes tremendous support for us and a clear appetite amongst local stakeholders to collaborate with us.

One of the recurring feedback themes is the need for Healthwatch to increase people's awareness of us amongst frontline staff and practitioners, as well as the general public.

Another important observation was our skill and good track record in amplifying the voices of those who are seldom heard.

However, this is something we know we need to extend. There are still communities in York – geographically, and communities of experience – that we do not reach.

Much of our focus over the year 2019/20 will address these two things – increasing our visibility, and doing more to hear from York's seldom heard people and communities, and share what they tell us with the people and organisations who run York's health, care and community services.

This focus will align us with the aims of the NHS Long Term Plan. Launched in early 2019, it puts tackling health inequalities front and centre of our future NHS. At Healthwatch York, we're well placed to be at the heart of examining health and care inequalities in our City.

At Healthwatch York, we're well placed to be at the heart of examining health and care inequalities in our City.



The Red Tower - home to a weekly 'Pay as you feel' food shop and hot lunch

Other plans for the year

- + **Conducting our annual Healthwatch York Awareness survey, and using that data to inform how we communicate with the people of York, and increase our visibility**
- + **Develop and deliver a piece of work capturing the voices of young people aged 16 to 25, in partnership with local youth organisations**
- + **Publishing a report examining the impact of the Eye Care Liaison Officer service on people with visual impairment**
- + **Reviewing how we structure, organise and deliver our engagement work, to align it more closely with our research projects**
- + **Reviewing how we select and carry out our research projects, to be even more responsive to what the public tells us**
- + **Presenting to the Safeguarding Adults Board the themes of the Safeguarding Stories we gather, to help the Board understand what's working and what needs to be improved**
- + **Reviewing how we train our care home assessor volunteers, liaising with other agencies to inform how we develop this work**
- + **Refreshing the training we give to our volunteers**
- + **Working collaboratively with organisations supporting people who have experience of homelessness, drug and alcohol misuse and mental ill health to consider how better to meet their needs collectively across York**

Contact us

Freepost RTEG-BLES-RRYJ
Healthwatch York
15 Priory Street
York YO1 6ET

Telephone: 01904 621133
Mobile: 07779 597361 - use this if you would like to leave us a text or voicemail message
Email: healthwatch@yorkcvs.org.uk
Twitter: [@healthwatchyork](https://twitter.com/healthwatchyork)
Like us on **Facebook**
Website: www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS.
York CVS works with voluntary, community and social enterprise organisations in York.

York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This Annual Report is available to download from the Healthwatch York website:

www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office and local libraries.

If you would like this Annual Report in any other format, please contact the Healthwatch York Office

We use the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

This annual report is published on our website and has been circulated to Healthwatch England, CQC, NHS England, NHS Vale of York Clinical Commissioning Group, Health, Housing and Adult Social Care Policy and Scrutiny Committee and City of York Council

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healthwatch
York

proud to be part of **yorkcvs**

Summary workplan for 2019/2020

Priority Area	Description and activity
Reaching more people	Safeguarding Stories work Process and materials developed during 2018/19. Referral pathway established, and first referrals received.
General engagement activity	<p>Complete NHS Long Term Plan engagement work for NHS England. Survey and focus groups held in April. Work commissioned by NHS England through Healthwatch England delivered by the Healthwatch network.</p> <p>STP report from Healthwatch East Riding available here: https://www.healthwatchyork.co.uk/wp-content/uploads/2019/07/Humber-Coast-Vale-Long-Term-Plan-Report-Final.pdf</p> <p>Final report for York available here: https://www.healthwatchyork.co.uk/wp-content/uploads/2019/08/Final-Key-messages-from-York-Long-Term-Plan-engagement.pdf</p>
Reaching more people	<p>ECLO project - Understanding people's experiences of sight loss through the role of Eye Clinic Liaison Officers. Work began June. Survey closes 31 August. Draft report to be completed by end September. https://www.healthwatchyork.co.uk/our-work/eclo-project-2019/</p>
Reaching more people	<p>York Multiple Complex Needs network Looking at support and services for people who tend to have problems around homelessness, substance misuse, mental health and / or offending. Funded by Lankelly Chase. A cross-sector, multi-agency network, interested in how we transform our system, using these experiences to highlight the problems within our system. Dual role – helping support a member of the core team, and exploring an area of health and care directly impacting on people within this area.</p>
Reaching more people	Developing work with children and young people – building links with partner organisations.

	Early stages – have begun attending some meetings with young people through trusted partners.
General engagement activity	Healthwatch York Awareness Survey 2019 Links with contract requirement to demonstrate that local people feel we accurately represent their views. https://www.surveymonkey.co.uk/r/hwy2019 - survey runs until Friday 27 September 2019.
Connecting with key initiatives	Request to join York Human Rights City steering group accepted – beginning to attend meetings from September.
Connecting with key initiatives	Volunteered to join the Time to Change steering group. Already signed up to Time to Change pledge in 2014. Clear cross over with our work.
Connecting with key initiatives	<u>Dementia work</u> Continue to work closely with Dementia Action Alliance. Join the Dementia Strategy steering group.
Emerging issue	Changes to prescriptions in York NHS Vale of York Clinical Commissioning Group is introducing a planned change to repeat prescriptions. Multiple contacts received raising concerns. https://www.yorkpress.co.uk/news/17846312.fears-patients-may-39-fall-gaps-39-amid-york-prescription-shake-up/
Emerging issue	Access to GP services – changes to services, impact on people with mobility issues, Primary Care Networks (PCNs) and Patient Participation Groups (PPGs). Links with LTP survey results – main area of concern was GP access. Also several issues reported. Plans in development for how to explore this.
Explaining the system	No permanent placement and the Home First approach – plans to put some information about this in the January magazine. Attended a multi-agency workshop in August focused on the goal of making York a city where no permanent placements into long term care are made from a hospital bed. Involves fully embedding the Home First culture as our standard way of working. Links with our information work around highlighting new approaches and ideas in healthcare. Opportunity to share information on the negative impact of deconditioning, and encourage conversations about what this means.
Emerging issue	Finding suitable care for people with “challenging behaviour”. Issues reported through York Advocacy. Also previous concerns raised via Continuing Healthcare work.

Ongoing concerns	Access to dentistry, impact of changes to urgent dental care contract, oral health in care homes. No plans to progress at this time, but needs monitoring. Still significant concerns.
General engagement activity	Workplan survey 2019/20 – to be developed and released early 2020.
Ongoing programmes of activity	<p>Care Home Assessor programme – our volunteers continuing to work in partnership with City of York Council and local care homes.</p> <p>PLACE programme – Patient Led Assessment of the Care Environment – programme delayed this year, now happening in Autumn. Working with York Hospital to support training of PLACE volunteers.</p> <p>Readability work – continuing to encourage local providers and commissioners to ‘sense check’ their information work through our panel of volunteers.</p> <p>Information stands – attending and supporting volunteers to attend a range of community based information stands. This includes the new Shambles Market stall, used by Healthwatch York on the final Tuesday of every month, and by other local organisations on the remaining Tuesdays. First stall held 27.08.19.</p>
Additional areas to consider	<p>Mental health guide and dementia guide. No funding secured as yet, but will need refreshing and reprinting. By March 2020 current versions will be 2 years old and potentially quite out of date.</p> <p>Also some work to do around assessing existing information for self-funders, and potential to improve this.</p>

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Health and Wellbeing Board**11 September 2019**

Report of the Independent Chair of the Mental Health Partnership

Annual Report of the York Mental Health Partnership 2018/19**Summary**

1. This report presents the first annual report of York's Mental Health Partnership covering the period May 2018 to August 2019.
2. The Independent chair of the partnership will be in attendance at the meeting to present this report.

Background

3. The [joint health and wellbeing strategy for 2017-22](#) identifies four principal themes to be addressed. One of these themes is mental health and wellbeing with the key priority for that theme being 'to get better at spotting the early signs of mental ill health and intervening early'. Other aims in the joint health and wellbeing strategy in relation to mental health are:
 - Focus on recovery and rehabilitation
 - Improve services for young mothers, children and young people
 - Ensure that York becomes a Suicide Safer city
 - Ensure that York is both a mental health and dementia-friendly environment
 - Improve the services for those with learning disabilities (to be addressed in its own strategy)
4. These are expanded and explored in more detail in the Health and Wellbeing Board's [all age mental health strategy 2018-2023](#).

Consultation

5. Consultation with a wide audience took place when developing both the joint health and wellbeing strategy and the mental health strategy.

Options

- 6. There are no specific options for the Health and Wellbeing Board to consider; however they can commission the Mental Health Partnership to undertake mental health focused work on its behalf.

Implications

- 7. It is important that both the priorities around mental health and wellbeing in both the joint health and wellbeing strategy and the all age mental health strategy are delivered. The establishment of the Mental Health Partnership has enabled this to be achieved.

Recommendations

- 8. The Health and Wellbeing Board are asked to note the annual report of the Mental Health Partnership.

Reason: To give the Health and Wellbeing Board oversight of the work of the Mental Health Partnership and assurance in relation to strategy delivery.

Contact Details

Author:

Tim Madgwick
Independent Chair of the
Mental Health Partnership

Chief Officer Responsible for the report:

Tim Madgwick
Independent Chair of the Mental Health
Partnership

**Report
Approved**



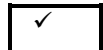
Date 29.08.2019

Specialist Implications Officer(s)

None

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Annual Report of the York Mental Health Partnership
2018/19

Annual Report of the York Mental Health Partnership 2018/19

Independent Chair

Tim Madgwick

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Welcome from the Independent Chair of the Mental Health Partnership

Welcome to the first full annual report of the Mental Health Partnership.

Since the partnership's inception in April 2018 it has reported once to the Health and Wellbeing Board, in September 2018, detailing its early work on identifying its priority areas and also providing some assurance that work outside those priority areas is happening.

This report sets out the progress the partnership has made against its identified priorities and delivery against the [All Age Mental Health Strategy 2018-2023](#) and the [Joint Health and Wellbeing Strategy 2017-2022](#). It covers the period from the start of May 2018 and to the end of August 2019.

The report shows how the partnership is beginning to shift the focus from hospital based services to a more community focused model of service provision. It gives a flavour of the transformational change needed to achieve our long term vision of embedding a Trieste style model of mental health care in York.

Tackling some of the fundamental things such as transforming how we deliver services and ensuring that the human rights of all individuals are met within that service provision are long term pieces of work. Similarly engagement with everybody who has a voice about mental health in the city will take time. As part of this transformation we need to understand that some of this work may increase demand for services and this will need to be managed.

Despite these challenges we have had a very positive year and this report highlights significant progress to date as well as highlighting the challenges and priorities for partners over the coming year. It demonstrates a collective approach to taking forward the All Age Mental Health Strategy 2018-2023 supporting local innovation and delivery.

Our colleagues at NHS Vale of York Clinical Commissioning Group regularly monitor key performance indicators associated with mental health and these are publicly available in their governing body papers. These have been discussed at the partnership.

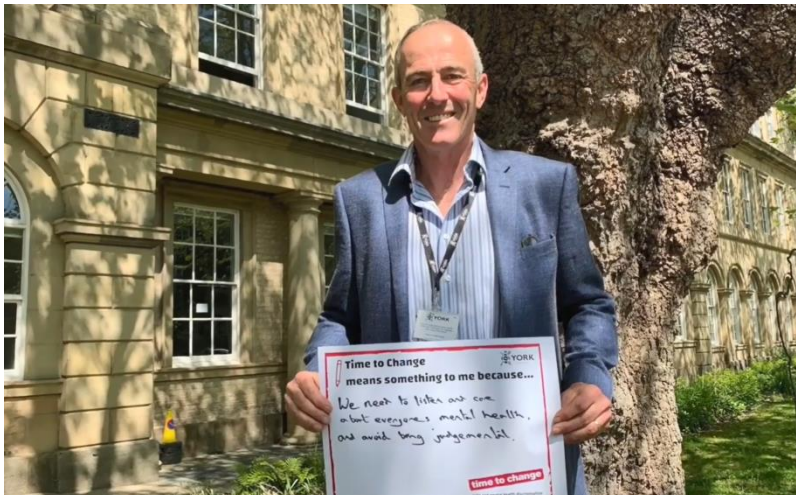
We continue to work to align our work to the Long Term Plan for the NHS and the work of the Humber, Coast and Vale Health and Care

Partnership (HCV). Our regional colleagues at HCV also have their own Mental Health Partnership which I attend; however, it is clear that there is further work to do to make the link between the two partnerships stronger.

Furthermore the NHS Long Term Plan outlines the approach for strategic planning around mental health. Tees, Esk and Wear Valleys NHS Foundation Trust have launched a Right Care, Right Place programme across all of their organisation and with partners. In effect this is a response to the NHS Long Term Plan and will work into local areas with Primary Care Networks.

In April 2019 we held a successful and very well attended conference at York St John University entitled 'Connecting our City'. We have been encouraged by the feedback we have received from attendees. A [short film](#) about the conference was produced by Converge and I would encourage you to watch this and share it within your organisations.

Finally I would like to thank all partnership members who have attended our meetings and provided updates over the last 18 months. There is a real willingness between partners to deliver on the vision in the All Age Mental Health Strategy *'for every single resident of York to enjoy the best possible emotional and mental health and wellbeing throughout the course of their life.'*



Tim Madgwick

Independent Chair of the York Mental Health Partnership

The Partnership

The partnership meets six times a year and met 8 times between May 2018 and the end of August 2019.

The current membership of the partnership includes representatives from the following organisations:

- Advocacy Services
- Carer Representative
- City of York Council
- Converge at York St John University
- Healthwatch York
- Higher York
- Humber, Coast and Vale Health and Care Partnership
- Independent Sector (The Retreat)
- Mainstay
- Multiple Complex Needs Network
- NHS Vale of York Clinical Commissioning Group
- North Yorkshire Police
- Office of the Police, Fire and Crime Commissioner
- Primary Care Mental Health
- Tees, Esk and Wear Valleys NHS Foundation Trust
- York Centre for Voluntary Service
- York MIND

There is work still to be done on assuring all key partners are regular attendees at the partnership because their contribution is absolutely vital.

Representation is currently being sought from York Teaching Hospitals NHS Foundation Trust.

The Joint Strategic Needs Assessment (JSNA) and Mental Health

To increase the Partnership's understanding of the local picture around mental health they have received and discussed the following reports produced by the JSNA Working Group; all of these have a mental health focus:

- [Update on the mental health focused core content of the JSNA website](#)
- [Mental health report into equity of access to services](#)
- [Homeless Health Needs Assessment](#)
- Mental Health Protective Factors (due to be published this Autumn)

Our Priorities

The partnership spent some time drawing up an action plan to deliver the priorities in the All Age Mental Health Strategy. On consideration of this 'long list' of actions it was agreed that much was already happening in the city to deliver against them and a narrower focus was required for the partnership in its first few years. This was to both avoid duplication and allow for a more manageable work load for partnership members. We also considered a number of key performance indicators; the context behind these and the gaps in the data available.

On consideration of all of the above the partnership agreed to focus on a small number of key priority areas that we felt encapsulated much of the spirit and essence of the ambitions set out in the All Age Mental Health Strategy.

Priority 1: A Community Approach to Mental Health and Wellbeing

This was identified very early on as a key priority for the Mental Health Partnership with the acknowledgement that it would be a long term project. Following on from a variety of discussions and conversations over a number of months it was agreed that this would, amongst other things, encompass our aim to learn from the best practice in Trieste; our work on the Prevention Concordat for Better Mental Health; co-production and better use of community assets.

The partnership agreed that a sub-group should be established to lead the work on this priority. The membership of the sub-group is still evolving and has morphed according to the immediate task at hand.

However, to date it has already been instrumental in:

- Arranging an engagement workshop in November 2018 which enabled us to link with NHS England colleagues who are developing a Community Mental Health Framework;
- Organising the Partnership's 'Connecting Our City' Conference in April 2019, hosted by York St John University;
- Planning to pilot a place based community approach to mental health and wellbeing in an area of the city.

[Workshop with NHS England: Community Mental Health Framework](#)

Despite being arranged at very short notice, in order to be completed before the closing of NHS England's 'engagement window', 21 people from across the whole system were able to attend the workshop including representatives from NHS Vale of York Clinical Commissioning Group; City of York Council; Tees, Esk and Wear Valleys NHS Foundation Trust; York Centre for Voluntary Service; Primary Care; carers and experts by experience. The feedback from NHS England colleagues was very positive and they took away valuable insights from the session, both in terms of what is already going on in York and feedback on their draft Community Mental Health Framework.

[Connecting Our City Conference](#)

The Mental Health Partnership held its first conference in April 2019 at York St John University. The purpose of the day was to launch a programme of work that over the next five to ten years will aim to transform the way we support people's mental health and wellbeing in York. Mental health and wellbeing needs to be everybody's business. As individuals, as organisations, as communities, we need to be doing all we can to help ourselves and others to achieve the best possible levels of mental health and wellbeing that we can.

In developing our community approach to mental health and wellbeing we wanted to learn from best practice elsewhere and much of the thinking behind the conference and the partnership's work programme has been influenced by the approach taken in Trieste (Italy).

We were privileged to hear from Roberto Mezzina who gave a brief overview of the journey Trieste has been on since the 1970s, painting

the picture of the support that is now provided in Trieste and outlining the philosophy and culture that underpins their approach.

System leaders from Tees, Esk and Wear Valleys NHS Foundation Trust; NHS Vale of York Clinical Commissioning Group; York Centre for Voluntary Service; City of York Council; Cornwall Partnership NHS Foundation Trust and the International Mental Health Collaborating Network then pledged their organisations' commitment to a collaborative learning partnership between York, Trieste, Cornwall and the International Mental Health Collaborating Network.

The conference included a number of personal stories and presentations as well as a number of workshop sessions and a Question Time style panel.

A full report from the conference has been produced and this includes post-event feedback from delegates who attended. A key message from the feedback was that people were enthused by the vision but they were keen to see a clearer plan for how we might make that vision a reality.

A sub-group of the partnership is now planning to pilot a place based community approach to mental health and wellbeing in the Northern quarter of the city. A wide range of partners and communities will need to be involved and we are anxious to link in and ensure there are synergies with the relevant Primary Care Networks, Community Mental Health Teams, Adult Social Care Teams and relevant support services for children and young people.

We have chosen to start in this area because there are already a wealth of community assets running along a 'corridor' from Haxby, through New Earswick and into the city centre including the Folk Hall, the new Foss Park Hospital (opening Spring 2020), 30 Clarence Street/The Haven, York St John University/Converge and York Explore. In working with local people and communities we would hope to build on these strengths and better connect people to these and other such assets in the area.

This pilot work is a key focus for the partnership and we are committed to this being co-produced from the outset with citizens, local communities, people who use services, carers and staff.

Time to Change

Time to Change is an initiative that is being led by the local authority's public health team and delivered by York CVS; it is a social movement to challenge stigma and discrimination connected to mental health. The Mental Health Partnership has been supporting Time to Change by recognising the importance of this social movement and the need to normalise conversations about mental health. Time to Change is discussed, referred to and acknowledged within a range of conversations that happen at the partnership.

Time to Change has been included in a range of recent work supported by the partnership. For example, at our recent 'Connecting Our Community' conference; within our draft action plan to support the Public Health England Prevention Concordat and within content at the 2018 Suicide Safer Community conference.

Priority 2: Self Harm

The Mental Health Partnership commissioned a review of 'all age self-harm' in early 2019 to provide assurance to the partnership of both the approach to self-harm and its effectiveness across the city. This was in response to the latest reported data (2017/18) indicating that York is an outlier in relation to levels of admissions for self harm in the 10-24 age group. The York Suicide Safer Community Delivery Group is also considering self harm and its links to suicide prevention.

A task and finish group, reporting to the Mental Health Partnership, has been established and this includes representation from Higher York; the voluntary sector; adult mental health services; child and adolescent mental health services (CAMHS); adult services; Healthwatch York; NHS Vale of York Clinical Commissioning Group; North Yorkshire Police; acute paediatrics and children's social care. The group have agreed to four meetings on a monthly basis, co-chaired by the Assistant Director, Children's Services and the Head of CAMHS

The agreed scope for this piece of work is as follows:

- A working definition of self-harm
- An analysis of the most recent data of reported self-harm by age and cohort
- Reported gaps in provision
- Effectiveness of existing pathways

- Recommendations for future action.

The review scope would not however include cause and impact, effectiveness of commissioned services or the voluntary sector nor would it make recommendations for workforce development.

Importantly, the Group has recognised the need to draw a boundary between self-harm and death by suicide, recognising that self-harm is a response to distress which may have unintended fatal consequences, albeit acknowledging the strong link.

A number of challenges have been identified by the task and finish group:

- Deliberate self-harm is trending and under reported
- It can be a contagion type of behaviour linked to specific times of year, especially notable in the student population
- Completed suicides can be linked to earlier self-harm behaviour
- Impact of social media for children
- Collating all age data is problematic as self-harm is frequently not the presenting issue that is recorded in accident and emergency or in referrals to CAMHS
- Normalised activity: self-harm is often not the end in itself, self-harm may occur as a result of underlying issues therefore treatment options for harmers can be limited.

The task and finish group have considered a number of ways in which they can collate and understand information to inform best interpretation of the data and to evidence the effectiveness of pathways and interventions.

Understanding the lived experience of users of services/patients was agreed as important and relevant to the review. The task and finish group are collating case studies of those accessing services in order to understand and interpret this. This qualitative data will be helpful in assessing impact of service provision and will inform much of the final report to the Partnership.

Additionally a survey of partners attending the children's safeguarding conference in February 2019 showed low awareness of how to support children and young people who self harm, despite its prevalence and persistence. The "Pink Book": Self-Harm and Suicidal Behaviour 2017 will be swiftly re-launched to professionals.

What is evident already from discussions to date with partners is that self-harm is a multi faceted issue that relates to both lifestyle and social issues and importantly underlying distress; it's not exclusive to any age cohort or demographic and as such any approach to tackle self harm must consider this, with commitment and resource made available.

Priority 3: Mental Health Housing and Support

Quality, safe and appropriate housing is essential for the long term wellbeing of every resident living in our city and it is something that partnership members feel passionately about. Our Joint Strategic Needs Assessment and the All Age Mental Health Strategy both flag this as an area of particular inequality for those experiencing mental ill health.

A joint City of York Council and NHS Vale of York Clinical Commissioning Group report to the Health and Wellbeing Board in January 2018 spelt out in some detail the challenges currently facing the mental health housing and support pathway. At present in York we often struggle to provide the right housing, with the right support, at the right time as we do not have the full range of housing and support options we need. As a result people sometimes stay in hospital longer than they need to or are housed in accommodation that doesn't properly meet their need, or are placed in accommodation outside of York at significant expense. The biggest gap in our current provision is for people with multiple and complex needs.

A multi-agency project board and team has been working on developing proposals since 2017 and there has been significant engagement throughout with a wide range of stakeholders involved in the housing and support pathway, including service users and carers. A set of proposals was shared with partners and stakeholders from across the system in July 2018 and these received widespread support. Since then, however, there have been ongoing discussions between partners as to how the revenue element of the proposals might be funded. We are hopeful that a solution can soon be found and so work on an implementation plan is starting to be stepped up. The Partnership is due a further update towards the end of 2019.

Much of the challenge in delivering an improved mental health housing and support pathway is tied up in how all partners can work together more closely and flexibly in order to help service users achieve the best

possible outcomes. The partnership presents a perfect forum, with influential representatives from across the health and social care system, for helping oversee and facilitate this drive towards more collaborative working.

Priority 4: Multiple Complex Needs

The partnership will be giving consideration to adding a fourth priority around multiple complex needs and are due to receive an update from the Multiple Complex Needs Network at their December 2019 meeting. The network is a cross-sector, multi-agency network made up of providers, practitioners and people with lived experience working together to change the system in York, so that people experiencing multiple and complex needs get better support. It is being jointly facilitated between Healthwatch York, Changing Lives and Lankelly Chase.

All Age Mental Health Strategy for York 2018-2023

The Partnership has not taken a traditional approach to delivering the strategy in terms of developing action and implementation plans for every single theme in the strategy. Its preference has been to take a more focused approach concentrating on three or four specific priority areas; at least for the first few years. However, this does not mean that it has been complacent in assuring itself that the strategy is being delivered.

As well as an ambition to see a whole person, whole life, whole community approach to mental health in the city the All Age Mental Health Strategy 2018-2023 details five key themes, each with a number of priorities. The table below illustrates some of the progress made against those themes over the past 18 months; some of these cross-cut more than one theme.

	Strategy theme	Update
Top theme	Get better at spotting the early signs of mental ill	Nationally 20-25% of patients consult their GPs for social problems. Ways to Wellbeing helps to reduce GP appointments as well as helping people stay safe and well at home

	Strategy theme	Update
	health and intervene early	<p>for longer. One of the key reasons for referral to the Ways to Wellbeing service is for emotional and mental wellbeing issues such as low mood or anxiety. Ways to Wellbeing helps to address the root causes (e.g. debt or social isolation) by offering support to an individual.</p> <p>The Health and Wellbeing Board agreed to sign up to the Public Health England Mental Health Prevention Concordat and the Mental Health Partnership has been progressing this. The concordat requires a citywide approach and an action plan has been developed identifying ways in which prevention can be supported and alignment to existing programmes of work and strategies. The next step is to validate the local action plan for submission to Public Health England in time for the deadline in early October 2019.</p>
Theme 2	Improve services for mothers, children and young people	<p>The Partnership received an update on children and young people's emotional and mental wellbeing. The Strategic Partnership for Emotional Well-being and Mental Health (SPEMH) has revised its Terms of Reference to clarify its relationship with the Mental Health Partnership.</p> <p>Peri-natal mental health forms part of the Healthy Child Programme which is provided by the Healthy Child Service. They take a multi-agency approach to supporting expectant and new mothers.</p>
Theme 3	Ensure that York becomes a suicide safer city	<p>The Suicide Safer Community Delivery Group has been re-launched as a sub group of the Mental Health Partnership. The first task for the group was to investigate what training was available through partner organisations in relation to suicide prevention. They are also looking at</p>

	Strategy theme	Update
		all suspected deaths by suicide in more detail to identify trends, hot spots and common characteristics. To begin with this will have an adults focus so as not to duplicate the work of the Child Death Overview Panel. The group will provide an annual update to the Partnership.
Theme 4	Focus on recovery and rehabilitation	The Partnership received an update presentation on the Pathways Project which works with individuals who are placing a high demand, or are at risk of placing a demand on police and emergency services. Pathways has a clear focus on recovery and seeks to build self resilience by promoting self help and self management. Over half of those on their caseload have disclosed suicidal ideation to a Pathways worker. Pathways actively supports them to stay safe. The team respond to complex trauma, overdoses and distress on a regular basis.
Theme 5	Ensure that York is both a mental health and dementia friendly city	<p>Work is underway to develop a multi-agency dementia strategy for the city. Timely identification is the first step to provision of meaningful support for the changing needs of the individual and their family and carers. Whilst the Mental Health Partnership will keep up to date with progress the Ageing Well Partnership will lead on developing a dementia strategy as it fits very well with their work on Age Friendly Cities.</p> <p>The Joint Strategic Needs Assessment Working Group has recently undertaken some work on Mental Health Protective Factors in partnership with the Mental Health Foundation. These are defined as demographic profiles, social experiences or environmental contexts that enhance the chances of positive mental wellbeing and reduce the risk of mental ill health as a result of exposure to harmful risk factors. This work provides us with a place based</p>

	Strategy theme	Update
		understanding of the things in York that protect mental health and that we can use to make York a great place to live.

Conclusion and Next Steps

The Mental Health Partnership is at the start of its journey but it is only one part of a wider health and social care system that is working at local, regional and national levels to improve the mental health of our population.

The Partnership itself acts as a conduit and an enabler for a number of organisations, experts and smaller groups allowing them to progress discrete pieces of work and projects that contribute to the delivery of the All Age Mental Health Strategy and the partnership's priority areas.

The next steps for the partnership are:

- to continue with the piloting of a place based, community approach to mental health, creating a sub-group to lead on this and report back to us on a regular basis. This will include consultation with both residents and stakeholders. As Chair, I am keen that this does not lose momentum;
- in light of the NHS Long Term Plan and the work being led at a regional level we need to better understand the work of the Humber, Coast and Vale Health and Care Partnership and its work stream around mental health;
- to assemble a set of performance indicators that will illustrate the progress we are making against our chosen priorities.

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Health and Wellbeing Board

11 September 2019

Report of the Corporate Director of Health, Housing and Adult Social Care and Accountable Officer of Vale of York Clinical Commissioning Group (CCG)

Better Care Fund Update

Summary

1. This report is to inform the Health and Wellbeing Board of the Better Care Fund (BCF) Planning Requirements 2019-20 and to provide the annual overview of the York BCF 2018-19.
2. Members are asked to note the timetable for the planning assurance process, and to delegate to the Chair and Vice Chair of the Health and Wellbeing Board (HWBB) the formal approval of the 2019-20 plan, prior to its submission to government on 27th September 2019.

Background

3. The background information on the BCF has been previously reported to the Health and Wellbeing Board (HWBB), with quarterly updates now the normal routine.
4. This report marks the formal review of the 2018-19 year, with an annual report set out in Annexe 1. It also provides an update on the planning timetable for 2019-20. Members will note that, as in previous years, the official guidance (BCF Planning Requirements 2019-20) was not published until June 2019, with the effect that the quarterly returns to NHS England have not been required for the first two quarters of the financial year.
5. The new plan is an opportunity for York to drive progress on the key strategic aims of promoting people's wellbeing and resilience in communities, tackling loneliness and isolation, preventing admissions to hospital and long term care and improving the timeliness of discharges from hospital.

6. In previous reports the HWBB has been informed of the capacity and demand exercise commissioned through BCF to support our approach to strategic planning of services. This exercise has been completed, providing vital insight into our system for urgent and short term care. In August a multi-agency workshop focused on the goal of making York a city where no permanent placements into long term care are made from a hospital bed, and embedding the Home First culture as our standard way of working.

Main/Key Issues to be Considered

7. Partners have been working to agree the proposals for the York BCF Plan 2019-20 over an extended period, beginning with an initial workshop for partners in November 2018, and a follow up workshop in February 2019. The BCF Performance and Delivery Group has developed the plan which will be submitted by the deadline of 27th September 2019.
8. Changes to the CCG Minimum Contribution, which is determined nationally, have been discussed with the regional and national Better Care Support Team. It is anticipated that additional funding necessary to meet the increased commitment to the social care element will be made available to the CCG through a confirmatory letter to be submitted to the Regional Chief Finance Officer by 6th September 2019.
9. Planning and assurance timetable:

BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercaresupport@nhs.net	By 27 September
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October
Regionally moderated assurance outcomes sent to BCST	By 30 October
Cross regional calibration	By 5 November
Assurance recommendations considered by Departments	5-15 November

and NHSE	
Approval letters issued giving formal permission to spend (CCG minimum)	Week commencing 18 November
All Section 75 agreements to be signed and in place	By 15 December

10. Due to the schedule of HWBB meeting dates and the governance arrangements within the partner organisations, it will be necessary for the final plan to be approved by HWBB between meetings. It is therefore recommended that the Chair and Vice Chair are delegated to sign off the final submission on behalf of the system, supported by the council Corporate Director of Health Housing and Adult Social Care and the CCG Accountable Officer.

Consultation

11. The BCF Plan 2019-20 has been developed in a collaborative process with partners, and is co-produced with the scheme providers.

Strategic/Operational Plans

12. The Joint Health and Wellbeing Strategy is the overarching strategic vision for York; this plan supports the delivery of the desired outcomes.
13. The York BCF Plan 2017-19 provided the foundation for the BCF Plan 2019-20.

14. Implications

- **Financial** – BCF is a pooled fund through a Section 75 Agreement between NHS Vale of York CCG and City of York Council.
- **Human Resources (HR)** – many of the schemes funded through BCF are supported by staff on fixed term contracts. The prevalence of short-term funding and fixed term employment contracts are a significant risk to the stability and continuity of our system.

- **Equalities** - none
- **Legal** - none
- **Crime and Disorder** - none
- **Information Technology (IT)** – information technology and digital integration forms part of the system wide improvement plan, relevant representatives from statutory agencies attend the project board, and there are plans to engage non-statutory services and the patients, customers and families in our developments. The national and regional work on this agenda guides our local work.
- **Property** - none
- **Other** – none.

Risk Management

15. Governance processes are in place between the partners to manage the strategic risks of the BCF as part of our whole system working.

Recommendations

16. The Health and Wellbeing Board are asked to:
 - i. Receive the annual report of York Better Care Fund for information.

Reason:

The HWBB is the accountable body for the Better Care Fund. The Policy Framework requires each area to review the performance of the BCF annually. In York we have strengthened our performance framework which is reported on a quarterly basis, and we have introduced partnership evaluation events to enable all schemes to share their experience and develop the whole system's learning, knowledge and awareness of BCF.

- ii. Delegate responsibility for signing off the BCF Plan 2019-20 to the Chair and Vice Chair, supported by the council Corporate Director of Health Housing and Adult Social Care and the CCG Accountable Officer.

Reason:

The meeting date of 11th September is too early in the planning process for the final plan to be ready for approval. The submission date of 27th September falls prior to the next meeting of HWBB.

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Corporate Director Health, Housing &
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City of York Council

Phil Mettam
Accountable Officer
NHS Vale of York Clinical
Commissioning Group

Report **Date** 2/9/19
Approved

Chief Officer's name
Title

Report **Date** 2/9/19
Approved

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

[Better Care Fund 2019-10 Policy Framework](#)

[Better Care Fund 2019-20 Planning Requirements](#)

Annexes

Annex 1 – York BCF 2018-19 Annual Report

Annex 2 – BCF Plan 1819 Final Outturn July 2019

Glossary

Abbreviations

BCF - Better Care Fund

CCG – Clinical Commissioning Group

CYC – City of York Council

DASS – Director of Adult Social Services

DCLG - Department for Communities and Local Government

DH - Department of Health

DHSC - Department of Health and Social Care

HWBB – Health and Wellbeing Board

IT – Information Technology

KPI – Key Performance Indicator

NHS - National Health Service

VOYCCG – Vale of York Clinical Commissioning Group

Better Care Fund Annual Report to Health and Wellbeing Board September 2019

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Introduction / background to BCF

2017-19 Plan

NHSE monitoring arrangements

Annual evaluation of schemes

Planning and policy guidance for 2019-20

Performance summary 2018-19

Financial summary 2018-19

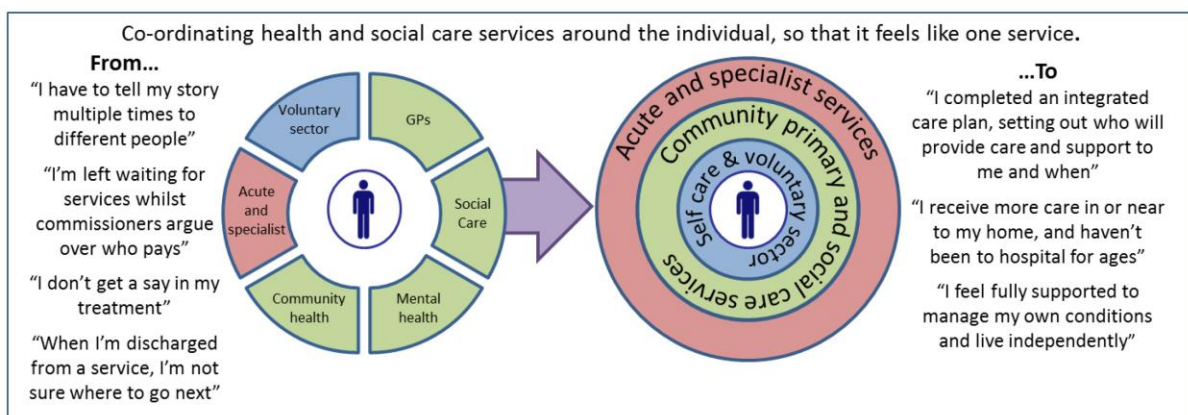
Introduction and background to Better Care Fund

1. Announced in June 2013, the Better Care Fund (BCF) brings together health and social care budgets to support more person-centred, coordinated care.
2. Although we are now into a single planning year for 2019 -2020, the previous Policy Framework for the Better Care Fund (BCF) covered two financial years (2017-19) to align with NHS planning timetables and to give areas the opportunity to plan more strategically. The Framework included significant amounts of local authority social care grant funding. Some of this was announced at the 2015 Spending Review, with an additional £2 billion over three years announced at Spring Budget 2017, with grant conditions on this new money to ensure it had the expected impact at the care front line.
3. The national conditions that areas were required to meet in their plans for 2017-18 and 2018-19 were:
 - plans to be jointly agreed;
 - NHS contribution to adult social care is maintained in line with inflation;
 - agreement to invest in NHS commissioned out of hospital services; and
 - managing transfers of care.

[Adapted from Integration and Better Care Fund Policy Framework 2017-19, DH and DCLG, 2017]

4. The aim of the BCF is to improve outcomes for people who need care and support:

People need health, social care, housing and other public services to work seamlessly together to deliver better quality care. More joined up services help improve the health and care of local populations and may make more efficient use of available resources.



[Integration and Better Care Fund Policy Framework 2017-19, DH and DCLG, 2017]

5. The value of the York BCF in 2018-19 was £17,427,000. A breakdown of how this money was spent is set out in the financial summary, in section 7 of this report. The BCF is pooled through a Section 75 Agreement between NHS Vale of York CCG and City of York Council.
6. The term 'Section 75 Agreement' refers to the NHS Act, 2006, as explained below:

Under Section 75 of the NHS Act 2006 (as amended), the Secretary of State can make provision for local authorities and National Health Service (NHS) bodies to enter into partnership arrangements in relation to certain functions, where these arrangements are likely to lead to an improvement in the way in which those functions are exercised. The specific provision for these arrangements is set out in the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. The regulations:

- *Set out the NHS bodies and local authorities that may participate in partnership arrangements;*
- *Set out the functions of those bodies that may be the subject of partnership arrangements;*
- *Enable partners to enter into arrangements for or in connection with the establishment of a pooled fund;*
- *Enable partners to enter into arrangements for an NHS body to exercise the prescribed health-related functions of local authorities; and*
- *Enable partners to enter into arrangements for a local authority to exercise prescribed NHS functions.*

[NHS Bodies and Local Authorities Partnership Arrangements (Amendment) Regulations 2015 Public Consultation, DH, 2015]

York BCF Plan 2017-19

7. The Integration and BCF Narrative Plan 2017-19 was submitted on 11th September 2017, in line with the prescribed timetable. We received written confirmation that the York Plan was approved on 20th December 2017, following amendments agreed through the national assurance process. It was published as part of the papers for the HWBB meeting on 24th January 2018, and can be accessed here:

<https://democracy.york.gov.uk/mgChooseDocPack.aspx?ID=10242>

8. The narrative plan cited the Joint Health and Wellbeing Strategy vision and took account of the Joint Strategic Needs Assessment to shape our commissioning priorities. It includes a description of each of the schemes, all of which are intended to join up care around individuals, shift from acute towards intermediate care or community support and focus on prevention.
9. During the life of the two year plan we have held partnership events and evaluation sessions to refine our vision for integration, summed up in the phrase:

Integration: Collaboration; Innovation; Prevention.

National monitoring arrangements

10. CCGs were required to report each quarter to NHS England on the performance and delivery of BCF. We are measured against the following 4 key metrics:
 - a. Non-elective admissions (General and Acute);
 - b. Admissions to residential and care homes;
 - c. Effectiveness of reablement; and
 - d. Delayed transfers of care.

11. Councils were also required to report quarterly to DCLG on their expenditure from the Improved Better Care Fund (iBCF).

12. In 2018-19 these quarterly reports were combined as a single return on behalf of the system. The templates for returns requires us to report against the national conditions and metrics, the implementation of the High Impact Change Model and Red Bag Scheme, and also provide an opportunity to share examples of good practice and progress towards integration. Quarterly returns are signed off by the chief officers and the chair on behalf of the HWBB. The returns are available (for information) on request from the Assistant Director – Joint Commissioning.

Annual evaluation of schemes

13. In May 2018 and May 2019 the BCF Performance and Delivery Group has hosted annual evaluation sessions to share learning across the system and review the performance of the schemes. This has proved to be a positive opportunity for partners to learn from each other and to spread awareness of the range of commissioned services covered by BCF.

14. The wealth of community activity and social impact volunteering has been a vital and growing part of this story, enabling more people to remain resilient and independent in their homes, supported by good preventative services and care when needed.

15. Presentation materials from the 2019 session are available on request.

Planning and policy guidance for 2019-20

16. The BCF Policy Framework 2019-20 was published in April 2019, and the Planning Requirements in June 2019. The four national

conditions (see section 1 of this report) are unchanged. However, there is no requirement to publish a separate narrative plan. Instead, the planning template incorporates the requirement to update our vision and strategy for integration, describing the progress we have made across the system over the past two years.

17. The deadline for submission of the York BCF Plan 2019-20 is 27th September 2019. The assurance timetable is set out below.

18. The plan must be approved by the HWBB prior to submission, and responsibility for this will therefore need to be delegated to the Chair and Vice Chair of the HWBB, due to the meeting schedule.

19. The BCF Performance and Delivery Group has been developing the financial plan and commissioning intentions for 2019-20 in anticipation of the policy framework and planning requirements, in collaboration with our partners and providers.

BCF Planning and assurance timetable

BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercaresupport@nhs.net	By 27 September
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October
Regionally moderated assurance outcomes sent to BCST	By 30 October
Cross regional calibration	By 5 November
Assurance recommendations considered by Departments and NHSE	5-15 November
Approval letters issued giving formal permission to spend (CCG minimum)	Week commencing 18 November
All Section 75 agreements to be signed and in place	By 15 December

Performance summary 2018-19

Performance against national metrics

20. Performance and delivery of the Better Care Fund is judged against four national metrics:
- Non-elective admissions (General and Acute);
 - Admissions to residential and nursing care homes;
 - Effectiveness of reablement; and
 - Delayed transfers of care.
21. These metrics present a somewhat narrow window of evaluation of performance across a vast and complex system of service delivery and a very broad spectrum of client need. It is also worth noting that BCF funding is a very small proportion of the totality of funding across health and social care and yet these measures are high level, 'whole system' metrics.
22. Of particular importance in York is the constructive use of Better Care Funding to support primary prevention activity aimed at building community capacity and increasing personal resilience. This is longer-term thinking with the intention of managing down future demand over years rather than months and therefore short-term impact on the four national metrics is likely to be limited. Nevertheless there is a growing body of evidence of the positive impact that this activity is having on people's lives in York
23. During 2018/19 York, as with all systems nationally, measured performance against the national metrics in relation to specific targets. For non-elective admissions, the local target was consistent with that set by the CCG in its operating plan; for Delayed Transfers of Care targets the target was determined by central government in line with national ambitions: the targets for admissions to care homes and effectiveness of reablement were set locally. Performance in relation to the national metric targets was as follows:

National Metric	Plan/Target	Actual Outturn
Reduction in non-elective admissions (General & Acute)	22,977	24,628

Delayed Transfers of Care: Raw number of bed days	7,559	10,969
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	93%	83%
Number of permanent admissions to residential & nursing care homes for older people (65+)	222	252

24. Non-elective admissions – Most areas of the country have found non-elective admission targets very challenging to meet with only 22% across the north of England (50 H&WBB's) being 'on track'. This reflects the increasing demands from an aging population and increasingly complex acuity. Although York has seen increases in the numbers of non-elective admissions (and the CCG continues to investigate the reasons behind this growth in demand) the successful growth in same day emergency care (for medical and surgical specialties as well as front door frailty assessment) means that more of these patients do not require an overnight stay in hospital (reducing their risk of deconditioning and of subsequently being delayed in hospital). The CCG and the main acute provider are now one year into the Aligned Incentives contract and are having collaborative discussions around improving emergency pathways for patients as well as ensuring that patients are receiving quality care at the right place at the right time. Although NEA activity levels are above plan, this new model of care appears to have mitigated some of the impact on the urgent care system during winter, with the Main Hospital provider maintaining a higher ECS standard this year over last year. The Main provider has also seen an overall decrease in occupied bed days throughout the year despite an increase in NEAs. The impact of ward closures due to winter illnesses has also been lessened due to patients being assessed, treated and discharged quicker.

25. Delayed transfers of care – The national picture is slightly better with 51% of areas in the north of England being on-track to meet their targets. Continuing pressures exist in ensuring that those discharged are placed in appropriate settings. Due to limited provider capacity to deliver suitable home care packages and appropriate residential and nursing care placements. Seven day working and the

One Team have had positive impacts in will continue to do so in 2019/20.

26. **Effectiveness of reablement** – Two thirds of areas in the north of England were on course to meet their target, however York saw a decline in performance from the previous year. Around the country there is great variation in the make-up and arrangements for reablement services, making direct comparison unreliable.
27. The **indicator** represents a snapshot of the over 65s population who were discharged from hospital into reablement services during quarter 3 each year, following them up after three months to find out if they are still at home, or have returned to hospital or been admitted to care, for example. York's service is delivered by HSG (Human Support Group) as part of the One Team and accepts referrals of people who have high levels of complexity in their care and support needs when compared to other similar services. A strong focus of their work is to enable people requiring care to leave hospital and return home. This inevitably results in fewer individuals being able to remain independently living at home, as a proportion of all referrals. Changes to the pathway over the past year have included all cases being triaged by the Community Response Team; people with greater reablement potential access therapy through our NHS teams which are not counted in the indicator.
28. One of the startling messages from the Venn Capacity and Demand model is that one third of people they looked at who were receiving reablement did not need that type of service at the time, and about one quarter of people who were receiving reablement were waiting for long term packages of care at home. This results in people who need reablement waiting for it in other places, such as short term beds. This will be a key focus of our work in 2019-20.
29. **Admissions to care homes** – The national picture is similar to above with just under two thirds of areas in the north on track to reach their targets. Although activity in York was slightly above plan, activity in the second half of the year showed a reduction in admissions when compared to the same period in the previous year. There has also been a progressive increase in the number of people supported to live independently via preventive services and a consequent decrease in numbers receiving a funded support package

Impact of BCF Funded Schemes.

30. As referenced above, the impact and success of BCF funded activity in York cannot solely be judged by performance in relation to national metrics and targets. There have been many notable successes resulting from the BCF programme and there is much to celebrate. Highlights include:

31. **York Integrated Care Team** – The BCF funds a multi-disciplinary team comprised of a range of health and care professionals, working from a single location, with the aims of reducing avoidable hospital admissions, expediting safe discharge from hospital and enabling patients to remain independent longer through person centred care in the right place at the right time. During 2018/19 the team has avoided around 1200 hospital admissions through identification of need in local population and delivery of tailored support. The majority of people who have received short-term support have subsequently been discharged without any need for ongoing care.

“The knowledge that someone will be paying a visit to see if help is needed with an everyday task like washing, dressing, preparation of a meal, help with medication and a chat alone makes this day seem brighter, particularly if you live alone and do not get out due to a variety of reasons (age being one reason, mobility etc)”

32. **Arc Light – Changing Lives** - This scheme provides support for homeless clients who present at ED in the form of a link worker, and also takes referrals from inpatient wards to assist with discharge arrangements. 150 referrals were received, 87 from inpatient wards and 63 from the ED. There was an increase in bed nights (824) with positive outcomes in around 88% of cases. Increased support for those attending out-patient appointments has been an important development.

33. **Fulford Nursing Home Beds** - Four nursing care beds plus OT support at Fulford Nursing Home (with flexibility to increase to six to meet peaks in demand) are utilised with a focus on avoiding admissions to hospital for people who present at A&E. During 2018/19 over 80% of people admitted to these beds were successfully returned to their home with no need for ongoing care and support.

34. **Rapid Assessment and Therapy Service (RATS), YTH (Extended Hours)** - The aim of the RATs team in York ED is to provide timely and appropriate multidisciplinary assessment and interventions for individuals who present with diverse/complex physical, functional,

psychological and social problems, thus avoiding any unnecessary admissions. During 2018/19 the team has seen around 3500 patients with the vast majority of those being sent directly home or referred to other services without the need for admission to a hospital bed.

35. **Carers Support** – 2018/19 saw an additional 621 new carer registrations with York Carers Centre, 986 referrals into the Carers Support Service and 112 referrals for a Carers Needs Assessment, plus 39 young carers impact assessments/statutory young carers assessments.
36. 522 1:1 carers advice sessions were delivered and 44 carers received 1:1 counselling. 200 carer referrals were made into the Financial Support Service, 48 youth club sessions took place and a further 116 new registrations were made for the Carers Emergency Card.
37. A series of hubs and pop up hubs were delivered on a monthly basis, as well as specialist support groups for carers of customers with mental health and substance misuse issues. The hubs and specialist support groups have acted as a lifeline to marginalised and isolated carers within communities who would not have had the ability to travel to a city centre location, but have benefitted greatly from engaging with an outreach service in their local neighbourhood.
38. **Reablement (One Team)** – this is a collaborative approach across a number of partner services – York Integrated Care Team, Community Reablement Team (YTH), Intensive Support Service (CYC) and Human Support Group (commissioned by CYC). These partners provide short-term support at home to support safe, early discharge from hospital, avoid unnecessary admissions and to help people regain skills and confidence that help them live independently. In 2018/19 the One Team dealt with an average of 225 referrals per month; 54% of these were for step-down (speeding hospital discharge) which is a slight increase on the previous year. The majority of people receiving short term support do not are discharged from these services without on-going care needs.
39. **Step-up/Step-down beds** - Funding from the Better Care Fund was agreed for ten step up/step down beds at Haxby Hall, a CYC Residential care home, and two further beds to be spot purchased in the private sector. Step down beds offer an effective means of enabling patients to move out of an acute hospital as soon as they

are medically fit. Step up beds are used to avoid unnecessary admissions to hospital. In 2018/19 67 patients were able to leave hospital quicker through the use of step-down beds and a further 36 avoided an admission to hospital through the use of step-up beds.

40. **Local Area Coordination** – The ethos is to develop person centred relationships focused on a ‘good life’ and building on the assets and contribution of people and the community in which they live.

41. In an 18 month period, one Local Area Coordinator had the following impact in one area of York:

- 3 people moved into paid work
- 56 people provided with welfare benefits advice
- 32 people given housing advice/support to prevent homelessness
- 46 people given additional physical/mental health advice
- 10 people now volunteer regularly
- 10 people supported in court through legal proceedings including support to report incidents to the police.

“You have been a rock and brilliant at helping me sort everything out. If it wasn’t for your help I don’t think I would be here now – I did think about joining him in that first week after his death.”

“I feel hopeful about the future for the first time in years.”

42. **Telecare and Community Equipment (Be Independent)** – Avoided nearly 200 admissions to hospital and enabled the speedy discharge of over 30 patients. Over 60 admissions to care homes avoided or delayed as well as enabling reduction in the size of ongoing care packages and family/informal carer support for a further 250 residents.

43. **Home Adaptations** – Funding has been used to support people to remain in their home through provision of e.g. level access showers, stair lifts, ramped access. In 2018/19 274 major adaptations were funded via Disabled Facilities Grants. A non means-tested approach has been introduced to speed up delivery of low value work. In total 1561 referrals received and completed for minor adaptations.

44. **Self-support Champions** - BCF funds additional capacity in the Intensive Support Service and First Contact Team which is designed to enable more consistent early engagement by reducing/avoiding waiting times, ultimately resulting in better outcomes for customers and reduced spend on long term support. The funding has also

enabled staff to be available to support the Talking Point community access sessions as part of the Future Focus work. As a result waiting time for assessment has been reduced from 47.5 days to 8.6 days at the end of March 2019.

45. **Social Prescribing** - Improvements have been achieved across all mental well-being scale outcome measures with over 50 % of people referred reporting they felt more able to make up their own mind and again over 50% feeling they had people they could ask for help after working with Ways to Wellbeing. 70 % of those referred reported feeling more confident than before they accessed support, 60% reported thinking more clearly, 53% reported feeling more relaxed, and 56% reported feeling more optimistic. The total decrease in GP appointments after accessing the service is 29.6 %.
46. **Handyperson Service** – Enhanced provision of ‘small tasks at home’ through expansion of community volunteering. Blueberry Academy are providing opportunities for people with learning disabilities to gain experience by volunteering to support people who are frail or have physical disabilities to maintain their garden (23 residents supported). Goodgym York providing one off tasks in the home and garden by utilising volunteers that run to their “mission” in pairs, a run with purpose and commitment, and carry out the requested task. Goodgym have completed 22 missions including a home from hospital initiatives that prevents DTOC e.g. moving a bed downstairs. Community Bees have recently been commissioned to walk alongside vulnerable people to develop independence skills at home.
47. **Live Well York** – 2018/19 saw the official launch of the Live Well York website which provides a searchable health and wellbeing information and advice resource for York citizens. The site includes almost 600 community activities and 96 community groups promoting volunteering opportunities. Plus an events calendar with 40-80 events posted every month. Already over 1,600 people (citizens and practitioners) are using the website every month.
48. **Alcohol Prevention** - Training has been delivered to a range of primary care staff including GP’s, Nurses, HCA’s, Health Visitors and non-clinical staff in the identification of problems associated with alcohol misuse in older drinkers and how behaviour can be modified. The aim is to lower alcohol intake and therefore prevent problems escalating. 150 staff received training in total across 9 courses.

49. **Seven Day Working** – Having a social work presence at the hospital at weekends and on bank holidays has enabled some patients to be discharged at weekends and speeded up the discharge of others by smoothing out peaks in assessment workloads

Financial Summary 2018-19 – see Annex 2

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City of York Better Care and Improved Better Care Fund - 2018/19 outturn

(all figures in £000)

	2018/19 Budget	Outturn	(Under) / over budget
Funding:			
VOY CCG BCF	11,617	11,617	0
City of York Council - Disabled Facilities Grant	1,344	1,344	0
City of York Council - Improved Better Care Fund	1,663	1,663	0
City of York Council - IBCF supplementary funding spring budget	2,072	2,072	0
City of York Council - Social Care Support Grant: Winter Pressures	731	731	0
	17,427	17,427	0
Spending:			
CYC led schemes			
Disabled Facilities Grant	1,344	1,344	0
Care package pressures due to demographic changes	3,203	3,356	153
Contribution to social worker post	139	139	0
Carers Support	655	655	0
Implementation of care act	454	454	0
Community Facilitators	36	36	0
Reablement contract with Human Support Group	1,267	1,267	0
Step Up/Down beds (inc Dementia)	312	312	0
Telecare , Equipment and home adaptations	597	597	0
Self support champions	98	98	0
Social prescribing/Ways to Wellbeing	108	108	0
Expanded Handypersons Service	10	10	0
Improve and curate information and advice	49	49	0
Alcohol prevention	47	47	0
Project to develop 7 day working	300	147	-153
Local Area Co-ordination	100	100	0
Cultural commissioning	45	45	0
Performance Support role	25	25	0
Capacity and Demand Exercise	23	23	0
ICG secondment	15	15	0
	8,827	8,827	0
CYC Winter Pressures schemes			
5 Additional Short term Stepdown/up beds.	39	39	0
12 Additional Care Beds at the Chocolate Works.	223	223	0
Secure capacity to enable placements to be made to reduce impact on DTOC's.	351	351	0
Retaining Home Care Packages "open" for 4 weeks	14	14	0
Live in Care	84	84	0
Be Independent falls Support	20	20	0
	731	731	0
CCG led schemes			
York Integrated Care Team	750	750	0
Urgent Care Practitioners	526	435	-91
Hospice at Home (part fund with NYCC)	170	170	0
Street Triage (part fund with NYCC)	150	150	0
CCG Community services (Incl. Specialist Nursing, Integrated Community Teams, Community Therapies)	4,445	4,445	0
Equipment	963	1,114	151
Fulford Nursing Home	286	286	0
SRG Arclight	83	81	-2
SRG Age UK	59	49	-10
SRG Extended Hours	157	159	2
SRG Extended Hours - Social Worker	50	50	0
SRG Priory Outreach	180	180	0
Uncommitted	50	0	-50
	7,869	7,869	0
Total	17,427	17,427	0

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Health and Wellbeing Board11th September 2019

Report of the Head of Adults Commissioning, City of York Council

York Carers Strategy 2019 – 2024**Summary**

1. The Health and Wellbeing Board are asked to comment on the York Carers Strategy 2019 – 2024 and to formally approve the Strategy on behalf of all HWB partner organisations. The strategy is attached at Annex A to this report and an action plan at Annex B.

Strategic Context - The added value provided by carers

- 2.1 Carers make a critical and often under-appreciated contribution not only to the people they care for but to the sustainability of the entire health and social care system. There are over 7 million carers in the UK and this figure is rapidly increasing. The economic value of the contribution made by carers is estimated to be £132bn per year – almost the equivalent of spend on the entire health and social care budget for the country.¹ Almost everyone will become a carer at some stage in their lives.
- 2.2 There are 18,224 carers recorded in the 2011 census in York, comprising 9.2% of the population, although the true figure is now likely to be much higher.² City of York Council and its partners are aware of nearly 4,000 of these carers (or 16% of the total number of carers registered through the census). This demonstrates the importance of reaching out to the many isolated, hidden carers in the city and connecting them to sources of support. Increased CYC investment into the York Carers Centre has yielded some very positive results, with a significant increase in the number of

¹ Carers UK: Facts about Carers 2018

² York Census Data 2011

isolated, marginalised carers actively supported - although findings from the National Carers Survey point to the extent of the challenge still facing the city.

- 2.3 By 2025 it is estimated that the number of York residents aged over 65 will have increased by 16% and the 85+ population will have increased by 32%.³ As York's population ages so will the prevalence of dementia and other long term health conditions. As a result it is envisaged that the demand for partners and adult children to provide unpaid care will more than double over the forthcoming two decades.
- 2.4 The previous carers' strategy was produced in 2012. Since then national legislative changes have introduced new statutory responsibilities in relation to carers which partners in York must respond to in co-ordinated manner. Feedback from the recent Survey of Adult Carers in England also requires a co-ordinated local response – findings from York are set out in detail below.

Survey of Adult Carers in England Findings from the 2018-19 Survey – York

- 2.5 The Survey of Adult Carers in England (SACE) asks carers, on a biennial basis, their opinion about the services and care they receive from local authorities. During 2018-19 around 1,200 carers who were actively known to City of York Council (CYC) were eligible to be surveyed by the SACE, of whom just over 1,000 were sampled for their views.
- 2.6 Responses were received from 445 carers, giving an overall response rate of 44%. This is more than the recommended minimum number of responses for the Survey, and is significantly higher than the corresponding response rate for the 2016-17 survey (31%).
- 2.7 The questions included topics such as carers' physical and mental wellbeing, the health of those they cared for, whether they worked, their satisfaction with the support they (or the cared for) received from the local authority and how easy they found it to access information and advice.

³ York's Joint Health and Wellbeing Strategy 2017 - 2022

- 2.8 In comparison to two years ago the proportion of positive responses to most of the questions in the survey has significantly reduced. Carers in York are spending increasing longer amounts of time engaged in caring. At least one in four carers in York provides care on a constant basis, a far higher proportion than two years ago. Carers in York are largely supporting people with multiple health issues, whilst not experiencing particularly good health themselves.
- 2.9 Carers in York report being far less able to spend their free time as they wish than they did two years ago, with many feeling more socially isolated and increasingly likely to suffer from sleep deprivation, tiredness and stress.
- 2.10 Carers also reported being less likely to be involved in discussions about the cared for and less likely to be in receipt of services or support than they were two years ago. An increased percentage of carers stated that their caring responsibilities prevented them from taking up employment.
- 2.11 A positive to emerge from the survey was that where carers did receive services or support they were more likely to be satisfied with that support.
- 2.12 The results of the National Carers Survey are concerning, suggesting as they do that the overall quality of life of carers in York has significantly reduced over the last two years. This trend is not unique to York, and appears to have been replicated regionally and nationally. The results must also be balanced against some of the very positive feedback received from the increasing numbers of carers engaging with York Carers Centre.
- 2.13 In light of the above findings it is clear York needs to take action to prevent quality of life of its carers from diminishing further. The strategy presents an ideal opportunity for public, private and voluntary sector partners to genuinely work together to produce a strategy and action plan which delivers meaningful, purposeful change.

3. Main / Key Issues to be considered

- 3.1 The York Carers Strategy 2019 - 2024 responds to local and national developments and sets out York's vision for promoting carers' health and wellbeing in the city over the next five years.
- 3.2 It is an all-age strategy aimed at identifying carers, supporting them and enabling them to have a life of their own outside their caring role. The strategy will focus on improving the physical and mental wellbeing of carers alongside the needs of the people they care for. It has been produced in plain English, with its primary audience being carers and families themselves.
- 3.3 The strategy has been developed by the York Carers Strategy Group. The group feels strongly that as an overarching, umbrella body (which draws together all agencies collectively involved in supporting carers) it is fitting for final ownership to rest with the Health and Wellbeing Board.

4. Consultation

- 4.1 A high profile engagement event was held in December 2018, allowing an opportunity for all stakeholders to inform and influence the development of the strategy. The engagement event was attended by carers from all ages and backgrounds alongside key representatives from the public and voluntary sectors.
- 4.2 The event formed one element of a wider consultation process. Over the last 6 months focus groups have been conducted with a cross section of carers through the York Carers Centre Community Outreach Hubs, York Carers Forum and the York Carers Action Group. Specific engagement has also taken place with carers of substance misusers, young carers and the York Mental Health Carers Group.
- 4.3 Feedback from these conversations has provided a valuable picture of what matters most to carers in York. It was clear from the focus groups that carers do not see themselves as carers but as lifelong partners, sons, daughters, siblings, neighbours and friends. People do not resent being carers, but the commitment and social isolation can be overwhelming at times. It was clear that carers valued being able to talk to people in a similar position through friendship groups and informal networks of support.

- 4.4 Identifying as a carer can be a difficult process, especially for young carers, those caring for substance misusers and people with mental health issues. Even after this many found it hard to get the information they need at the right time for them.
- 4.5 Some carers do not think that they are valued by professionals as experts in care and feel excluded from important decisions about the cared for.
- 4.6 Customer and stakeholder feedback has been translated into a series of 'I' / 'My' statements that will form the basis of the four core themes within the new strategy.
 - 1. I recognise myself as a carer, as do others, and I know who to turn to when I need help.
 - 2. I am supported in my caring role, and am able to live a life of my own.
 - 3. My voice is heard, and my feedback makes a genuine difference.
- 4.7 A detailed action plan has been developed with partners (including Vale of York CCG, TEWV, York Hospital Trust and the voluntary sector) which will identify measurable actions and outcomes within each of the above themes, accompanied by clear timescales for completion.

Options

- 5. This is not an options report. The recommendation, as indicated in Section 1 above, is for the Health and Wellbeing Board to review the content of the York Carers Strategy 2019 – 2024, and formally approve the finalised strategy and action plan documents.

Analysis

- 6.1 The new Carers strategy will reflect what carers have told us in York, along with other local and national evidence about the effects of being a carer. The strategy will set out the ways in which carers in York will be supported and how we can protect the health and wellbeing of carers alongside the needs of the people they care for.

- 6.2 Findings from the National Carers Survey have delivered a clear message that, although there is a range of support services already available, there is much more that can be done to support them in their caring role.
- 6.3 It is vitally important that health and social care organisations now work together with carers over forthcoming years under the umbrella of the Health and Wellbeing Board to make sure that support is accessible, affordable and readily available - creating a city that is truly carer friendly.

7. Strategic / Operational Plans

- 7.1 The Carers Strategy builds on the commitments to supporting carers that are set out in York's Joint Health and Wellbeing Strategy 2017 – 2022.
- 7.2 One of the Health and Wellbeing Board's key principles is to recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York, with a commitment to ensuring that the needs of carers feature prominently in all policy making and service delivery.
- 7.3 Outcomes relating to carers are referenced across all of the key HWB work streams - mental health and wellbeing, starting and growing well, living and working well and ageing well.
- 7.4 Other strategies also recognise the role and importance of carers in York, including the All Age Autism Strategy 2018-23 and the Mental Health Strategy 2018 -23.
- 7.5 The Carers Strategy now draws together all the key messages about what matters most to carers. This strategy will now help to shape and develop the specific 'carers offer', as well as enabling the delivery of the other strategies identified above. It also builds on recent developments such as CYC's commitment to championing the new national Employer's for Carers scheme, which the adults commissioning team is actively leading on in terms of roll-out across the city.

Implications

8. The report must demonstrate that all relevant implications of the proposals have been considered. **All** the following sub-headings should be included. Where a sub-heading is not relevant, this should be indicated by a brief sentence under the title; e.g. “There are no legal implications”. Report authors are advised to contact the relevant Head of Department at an early stage if their report is likely to have significant implications under any of these sub-headings.
 - **Financial** (Contact – Director of Resources)
 - **Human Resources (HR)** There are no human resources implications.
 - **Equalities** There are no equalities implications.
 - **Legal** There are no legal implications.
 - **Crime and Disorder** There are no crime and disorder implications.
 - **Information Technology (IT)** There are no IT implications.
 - **Property** There are no property implications.
 - **Other** There are no other implications.

Risk Management

9. There are no risk implications, other than the reputational risk to the Council of not having an up-to-date Carers Strategy if the proposal is not approved.

Recommendations

10. As indicated in 7.5 above the Carers Strategy now draws together all the key messages about what matters most to carers. This strategy will now help to shape and develop the specific ‘carers offer’, as well as enabling the delivery of the other strategies identified above. It is for this reason that the York Carers Strategy Group seeks sign-off of the finalised strategy and action plan from the Health and Wellbeing Board.

11. That the Health and Wellbeing Board considers whether it wishes to receive an annual update in respect of progress towards achieving the outcomes set out in the Action Plan.

Reason: To ensure the needs of carers are met.

Contact Details

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Chief Officer

Sharon Houlden
Director of Adult Social Care

**Report
Approved**

Date 21.08.2019

Gary Brittain
Head of Commissioning
Health, Housing and Adult
Social Care
01904 554099

Wards Affected: List wards or tick box to indicate all

All

For further information please contact the author of the report

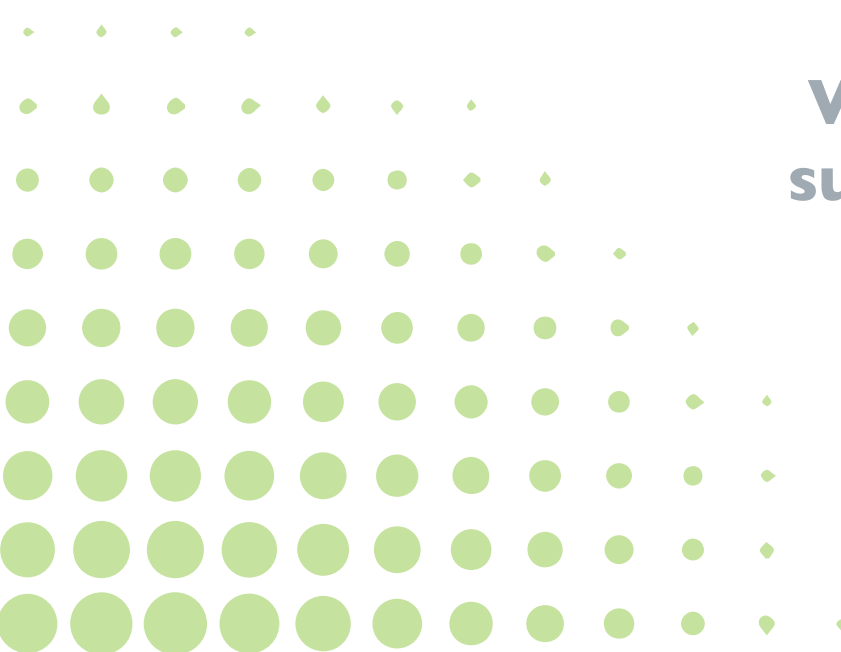
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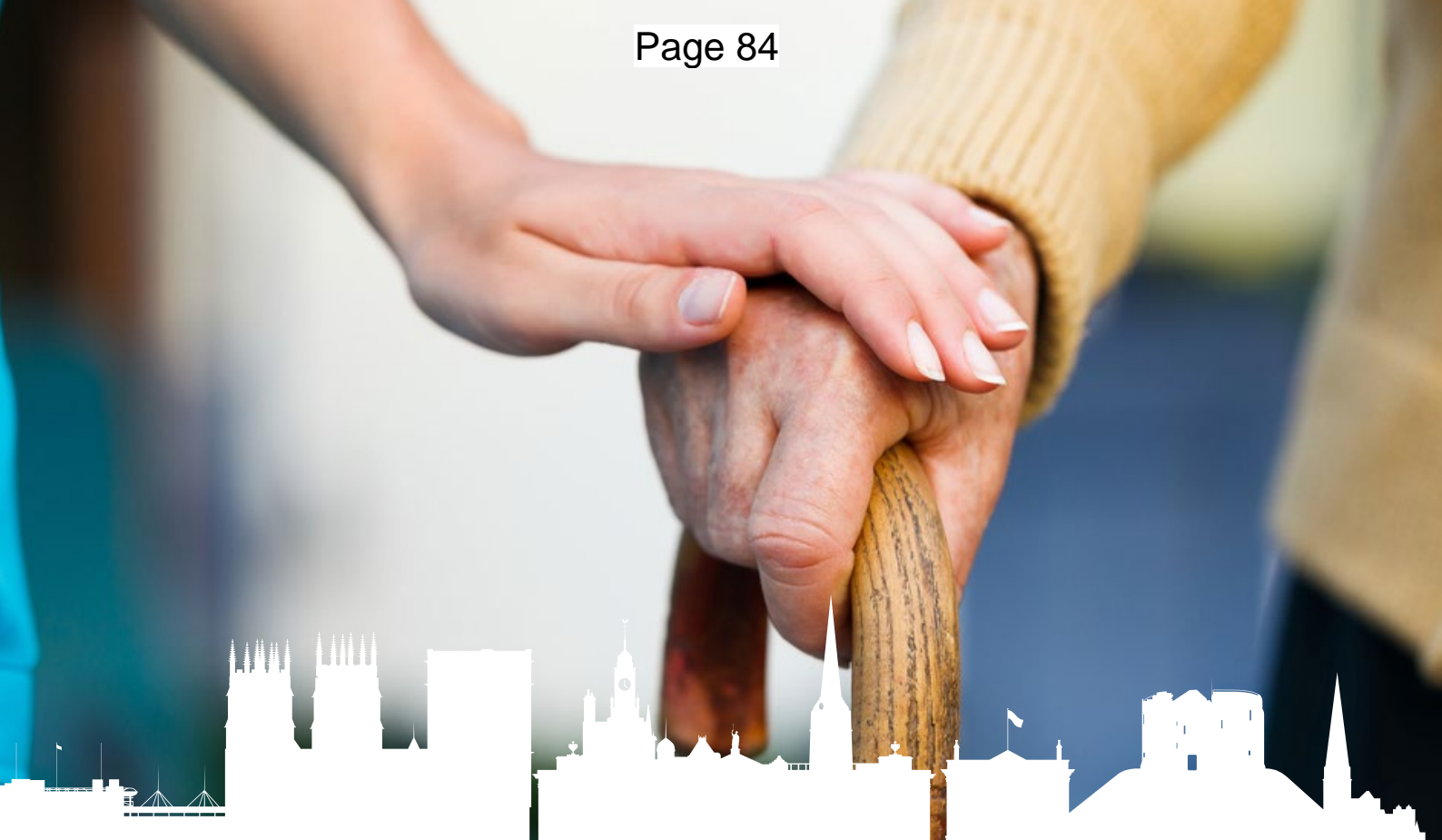
Annexes A & B: York Carers Strategy and Action Plan 2019 - 2024



Are you looking after someone?

What we are doing to
support carers in York
2019 - 2024



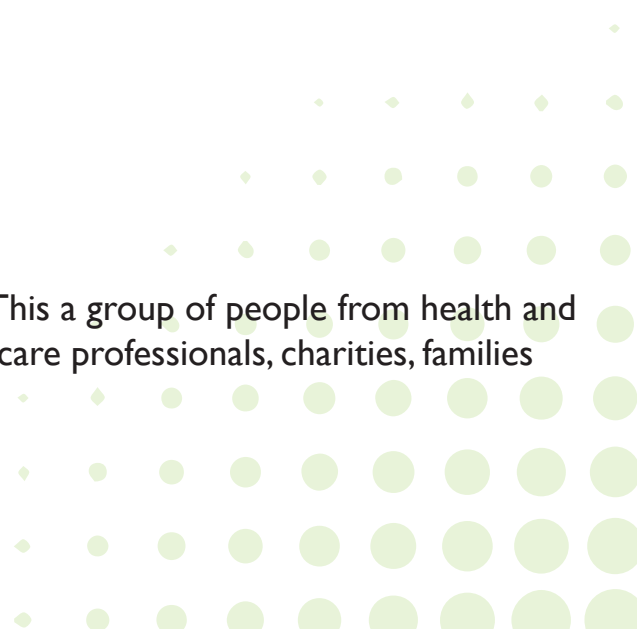


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Who has written this plan?

This plan has been written by the carers strategy group. This a group of people from health and social care organisations, including the council and healthcare professionals, charities, families and carers themselves.



Our Carers

Different kinds of carers

Carers come from all ages and backgrounds. These are some of the words used to describe different kinds of carers and what is meant by them.



Carer

Is someone who gives support to another adult, child or young person with an illness, substance misuse issue or disability who could not manage without that help.



Parent Carer

Is a parent (or guardian) of a disabled child or children up to 18 years of age.



Young Adult Carer

Is someone aged between 18 and 25 who is caring for another child, young person or adult.



Young Carer

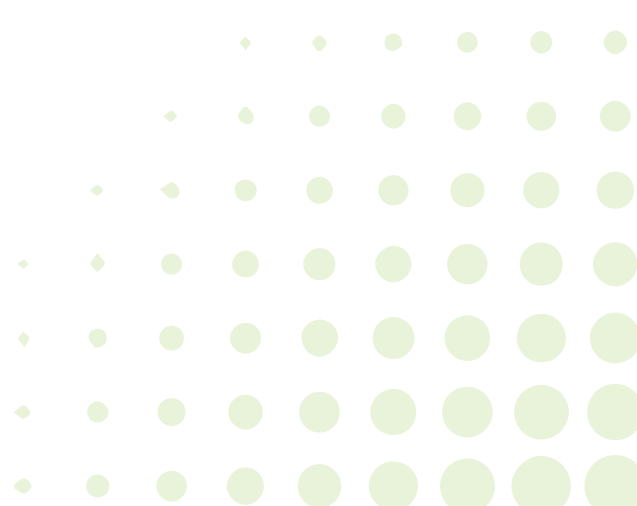
Is a child or young person under the age of 18 who is caring for another family member, friend or neighbour who has an illness or disability.



Different kinds of care

There are different kinds of carers and different kinds of care. This might include:

Personal Care	Support with dressing, washing, and toileting
Domestic Care	Support with cooking, housework, and shopping
Physical Care	Support with moving, lifting and handling
Financial Care	Support with financial affairs
Health Care	Support with managing an illness or a condition, or helping someone to take their medicine
Offering Moral Support	Being a listening ear or simply providing company for someone who is feeling lonely

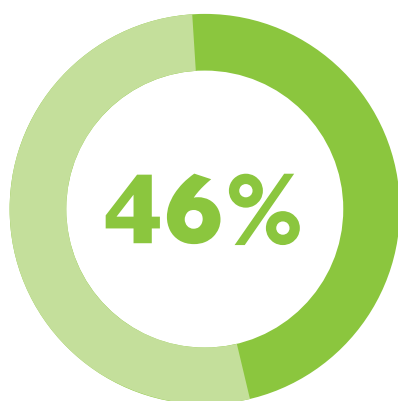


Some facts about carers in York

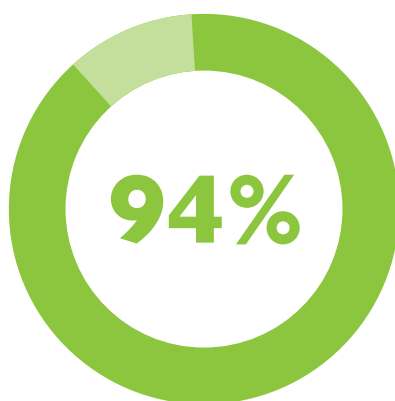


There are around 19,000 adult carers in York. 11,000 of whom are female and about 8,000 are male. These figures do not include young carers so could be much higher.

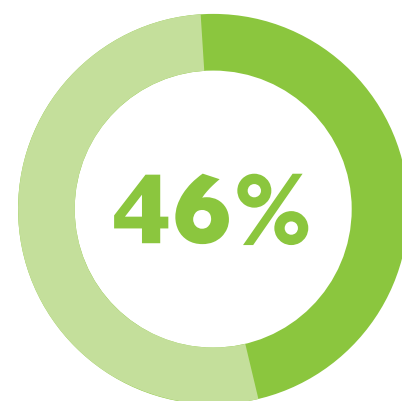
The council recently carried out a survey of adult carers in the city. These are some of the things they told us:



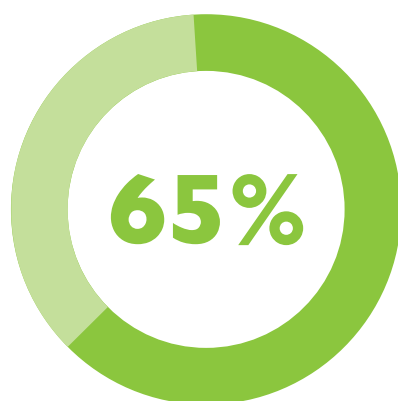
46% of adult carers in York say that caring had caused financial difficulties for them.



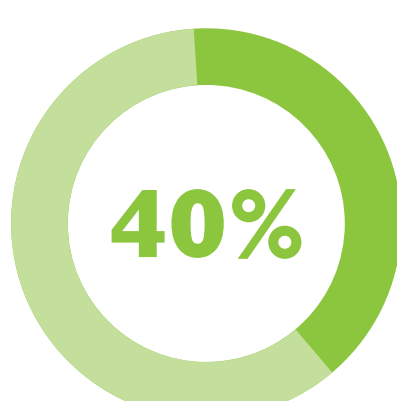
94% of adult carers in York say that their health had been affected by their caring role.



46% of adult carers in York do not think they are able to look after themselves properly in terms of eating and sleeping well.



65% of adult carers in York do not have as much social contact with people as they would like.



40% are providing more than 100 hours unpaid care per week.



Most adult carers in York are looking after more than one person.

Our Voices

We recently asked our carers about their experiences. These are some of the things they said:

“ Finances and wellbeing are totally linked. You can't do things to help your wellbeing because you don't have the money, so your wellbeing goes down even more and it's harder to motivate yourself to do anything.

“ We don't always want benefits. We just want a roof over our heads and to be able to look after the people we care about.”

“ Caring for somebody can be very rewarding, but at times it's physically and emotionally exhausting. People struggle on alone.”

“ One of the most important things is to see yourself as a carer in the first place and to ask for help. It's ok to come forward. It's normal to be a carer.”

“ The voluntary sector have been fantastic. It is only the efforts of York Mind and York Carers Centre that have kept us from utter despair.”

“ My GP never said 'You are a carer, here is some support you can apply for.' It doesn't take a minute to hand out a leaflet with details about who to talk to.”

“ I have to shout to be heard. People think you're exaggerating. Sometimes it feels like there's no understanding. Services need to listen and not think that they know best.”

“ Caring is hard and extremely challenging but can take you on some of the most amazing journeys and experiences if you allow it to. It does not always have to be a negative.”

Our Experiences

These are some of the real life experiences of carers in York. Their names have been changed to protect their identities.

Sarah's Story

I live in a village just outside York with my husband and our eldest daughter, Jane, who first started to struggle with stress and anxiety over 10 years ago.

When she came home from university things got worse and worse until Jane was eventually diagnosed with severe mental illness. The last few years have had a huge impact on all the family. We have lived with uncertainty, guilt, violence, fear and constant worry.

Being a carer can be a very lonely place. We have been lucky enough to meet lots of other carers. Talking to them has made me realise the massive challenges that we all face, but it has also been a great help and comfort in times of crisis.

We may not be health or care 'professionals' but we do have the insight of a fellow traveller, someone who shares the journey with our loved ones and sees the full impact of their physical or mental illness on a daily basis.

So what is it that I want to see and do? I want a mental health system that is driven by compassion, communication and trust. I want carers to be listened to, really listened to. Carers spend half their time battling with services. Things are slowly getting better but there is still a long way to go.

Lisa and Mark's Story

We are parents to three boys, Harry, Jack and Mathew.

Our story begins with our first son, Harry. When he started school he found it impossible to cope with the noise of the playground and every day routine. He had outbursts of anger and his anxiety rose to the point that he struggled to leave our house. Harry was eventually diagnosed with sensory processing disorder and autism. (Our second son, Jack, has also been diagnosed with a form of autism and our youngest son, Mathew, is now being assessed for the condition).

Over time we came to realise that family life was not going to unfold in the way that we had expected it to. We also realised that mainstream education was not going to work for us as a family, and we decided to home educate all three of our children.

I suddenly became a full time carer whilst Mark juggled (and struggled) to combine caring with work. At first we both felt angry, frustrated and envious of others. These feelings definitely did not go away overnight. We felt so isolated. People came to our home to try and help. Sometimes I would keep them talking for as long as possible just to have some company!

A turning point came when somebody said to me that once you can accept, things will get better. The same person also told me I was strong. I eventually took this on board and our lives changed for the better.

My husband and I now look at our lives and feel they are so much richer as a result of our caring role. We would not change our lifestyle and the way we live with our children despite it being very challenging. Time out for me or my partner might be the weekly shop but we feel privileged to spend so much time with our children and are constantly learning so much from them, and from being carers.

Josh's Story

I care for my mum who's got lots of physical health problems, including arthritis, costochondritis and diabetes.

She's got really limited mobility. We've just had a stair lift and wet room installed and we always have to take the wheelchair when we go out.

I think it's mostly because of this that she's got really depressed and is suicidal sometimes. Watching her struggle is so hard.

I know I don't have the life of a typical 22 year old lad, but I just try to get on with it. Being a young adult carer can be stressful, lonely and exhausting and the constant pressure and unpredictability of it all has really affected my mental health.

Meeting other people in similar situations has made me feel less alone and the trips and activities I go on with York Carers Centre make a massive difference. It might not seem like much, but it's my chance to get out and do things that I wouldn't be able to otherwise.

I think there needs to be support available for younger carers like me – we might not always take it up, but it's so important to know it's there when we need it.

Our Vision

Our vision is to create a carer friendly city. One where all carers in York will be able to say the following things:

- **I know who to turn to for help**
- **I can cope**
- **I can live a life of my own**
- **My voice is heard - my views make a difference**

We need to make sure that our plan makes a difference to carer's lives. A detailed action plan has been drawn up to make sure that these things happen.

The action plan is not included here. It is a working document which will be updated and changed as the work progresses, but this is available for anyone to see on request.

The next page tells you about some of the main things we will do to improve the lives of carers in York over the next five years.

Full details about where you can get help and advice can be found on the back page of this document

Our Plan on a Page

What works well?

York Carers Centre is the first point of contact for carers in York. They are welcoming, friendly and supportive. The carers centre offers services for carers of all ages and all backgrounds. If someone else is in a better position to help you York Carers Centre will tell you who they are, and who to speak to.

What could be better?

Not all carers in the city know about the York Carers Centre or the other places they can turn to for help and support.

Carers would find it easier to get the help needed if local services such as health, education and social care for children and adults, all worked together.

Lots of carers are struggling to look after their loved ones, especially people caring for a loved one with dementia, mental health, drug or alcohol issues.

Many carers feel that they can't live a life of their own, make friends or socialise. They feel as if they have no choice other than to provide care.

Carers have told us they are sometimes ignored by professionals. Their voices are not listened to and their views are not acted on.

Carers have told us that there aren't enough opportunities to take a break.

Where do we go from here?

We need to reach out to the many hidden carers in York and plug them into the excellent support that already exists.

We need to give carers the confidence to come forward and ask for help – and for that help to be provided at the right time and in the right place. Any gaps in support need to be filled.

We need to give carers the confidence to tell professionals what they think, in the knowledge that their views, thoughts and ideas will be taken seriously and genuinely make a difference.

Making these changes will not be easy, but over the next five years we are determined to make York one of the best places in the country to live if you are a carer.

Our Resources

There are lots of services in York that can support carers and their loved ones. The best place to find out about all these different services is through York Carers Centre who have an up-to-date list of people who can help you.

Below is a brief summary of the contact details you will need as a starting point:

York Carers Centre

www.yorkcarerscentre.co.uk

York Carers Centre is the first point of contact for carers in York. The centre has an advice line **(01904) 715490** that is open Mon- Fri, 9.30 to 4.30 pm, and on Wednesday evenings 5 - 8 pm. enquiries@yorkcarerscentre.co.uk

City of York Council - Talking Points

www.york.gov.uk/TalkingPoints

Talking Points allow adults who either have difficulties themselves or who are caring for somebody else to have a conversation with a social worker in a relaxed community setting.

(01904) 555111.

Live Well York

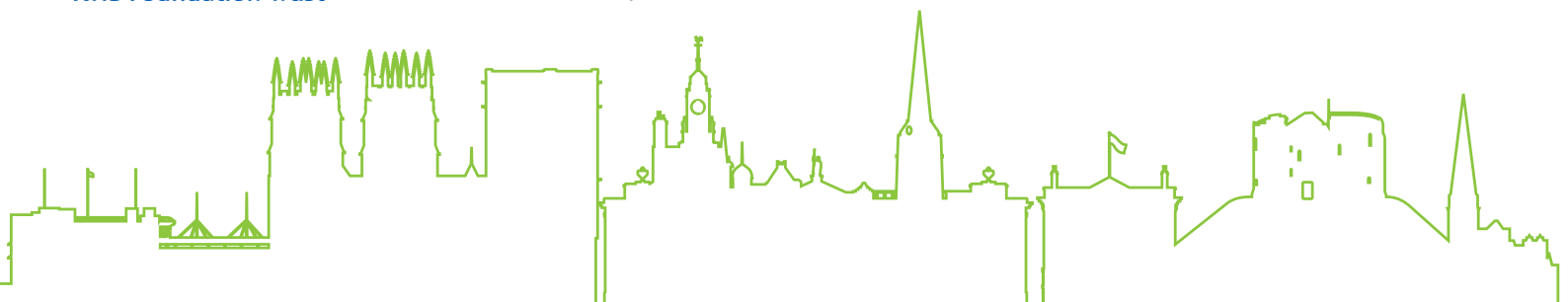
www.livewellyork.co.uk

Live Well York is a website for all adults and families in York. You can use this website to find helpful information and advice, discover hundreds of local groups and activities and find out what events are happening across York – including activities for carers.

Yor-OK

www.yor-ok.org.uk

Yor-OK is a website for everyone who works with and for children, young people and families, including unpaid carers.



THEME 1: I recognise myself as a carer, as do others, and I know who to turn to when I need help

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Service providers, employers and the wider community are aware of carers, their needs and the barriers they face.</p>	<p>As caring can affect anyone, at any age, it is important that we raise awareness and understanding of carers' needs in wider society.</p> <p>Identifying carers and supporting them is everybody's business and everyone has a role to play.</p>	<p>Carer awareness information and training will be provided to a wide range of:</p> <ul style="list-style-type: none"> a) Private sector employers (from larger companies such as Aviva, Hiscox & Network Rail to the many small & medium sized firms in the city); and b) Public sector employers (including the Council, TEWV, York Hospital Trust, FE & HE institutions, GP Practices and schools) <p>Employers and health and social care professionals will be trained to better recognise and understand the challenges faced by carers, and to cascade this knowledge to their colleagues, friends and families. Employers will be encouraged to make this training mandatory.</p> <p>This will be supported by an ongoing awareness raising campaign with the general public, utilising various media channels to educate and inform the wider population about the issues and challenges faced by our carers.</p>	<p>A broad cross-section of the population of York understand what caring is, and actively assist carers by helping to break down barriers to employment, education and other services such as leisure and housing.</p> <p>Many of the outcomes in this theme will be monitored through the Survey of Adult Carers in England (SACE) which asks carers, on a biennial basis, their opinion about the services and care they receive from local authorities and other providers. The survey also asks carers about their health, happiness and wellbeing. Responses to the 2018-19 survey in York will be used as a baseline against which to measure improvement.</p>	<p>Whole city approach.</p> <p>Led by York Carers Strategy Group, actively supported by all private and public sector partners, and citizens of York.</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
		<p>Promote York Carers Centre Carers Online training. (The training covers young carers, young adult carers, and adult carers and enables participants to print a certificate of achievement).</p> <p>The nationwide Carers Week and Carers Rights Day events will be widely promoted throughout York, actively engaging the media.</p>		
<p>People recognise themselves as carers and know where to go to for support.</p>	<p>Caring is a natural part of family relationships and people see themselves as sons, daughters, partners or parents rather than carers. It can take people up to 3 years to identify themselves as a carer, and during this time many carers miss out on vital information, advice and assistance.</p> <p>We want people to recognise themselves as carers at an early stage of their caring journey and register with appropriate services for support. This will help services to intervene early.</p>	<p>Members of York Carers Strategy Group will adopt new and innovative approaches to actively seek out carers and engage with them once they are identified.</p> <p>We will undertake outreach work and awareness campaigns in local communities and neighbourhoods and will work together to build on initiatives such as Carers Week & Carers Rights Day.</p> <p>This goes far beyond the provision of information and advice about carers services. It is about reaching out to people and making them aware that they are a carer in the first place.</p>	<p>Increased numbers of carers of all ages and from all backgrounds registered with York Carers Centre.</p>	<p>York Carers Strategy Group - member organisations will (both individually and collectively) set out specific strategies to reach out to individuals of all ages and backgrounds who do not realise they are carers.</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Carers can get out and about in their communities, meet with friends and support each other.</p>	<p>Caring can be very rewarding and fulfilling but at times it can also be physically and emotionally overwhelming. It can be difficult to maintain friendships and carers often say they feel lonely and isolated.</p> <p>Creating carer friendly communities and neighbourhoods (where there are opportunities for carers to get out and about, meet with friends and support each other) helps to maintain carers' physical and emotional health and wellbeing.</p>	<p>We will encourage the creation of new neighbourhood and community based support groups to complement those groups already in existence, so that carers have easier access to peer support.</p> <p>We will ensure that new groups and networks are established in areas where there is limited existing provision. These peer networks will include voluntary sitting, listening and befriending services.</p> <p>We will also reach out to carers and encourage them to attend the many existing groups and activities that are thriving within communities across York.</p> <p>Activities, peer groups, events, training and carer breaks will be widely promoted through the York Carers Centre Carers Newsletter Calendar of Events.</p>	<p>More carers are aware of opportunities to socialise and access information, advice and support, through York Carers Centre Hubs at venues throughout York.</p> <p>Hubs and peer group sessions demonstrate carer engagement and respond to carers' identified needs</p> <p>Fewer carers feel lonely and isolated.</p> <p>More carers feel that their quality of life has been improved.</p>	<p>York Carers Centre</p> <p>City of York Council - Local Area Co-ordinators, Communities & Equalities Officers, Housing Neighbourhood Managers etc.</p> <p>York Explore Libraries</p> <p>VCS groups, particularly grassroots local organisations.</p> <p>York CVS</p> <p>Talking Points</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Carers can make informed choices about access to care, support, health and wellbeing.</p>	<p>Carers are very concerned about timely access to support.</p> <p>We know that getting the right information and support in the right place, in the right format and at the right time is vitally important – not only in reaching out to hidden carers, but in keeping existing carers informed and updated.</p> <p>We recognise access to timely support is vital if carers are to maintain their caring role and avoid crisis interventions.</p>	<p>We will make information for carers is readily available and accessible in a range of formats: paper based, online, via social media.</p> <p>We will make sure that there is consistency of message when designing information and advice materials for carers.</p> <p>Carers searching for information will receive the same accurate, up-to-date information irrespective of where they start their enquiry.</p> <p>We will continue to promote York Carers Centre (YCC) as the first point of contact for carers. (YCC will in turn co-ordinate effective routes to support from other service providers).</p> <p>We will fully utilise the new Live Well York website to promote information, advice and support for carers.</p> <p>We will work closely with all branches of our Explore Libraries, children’s centres, community and leisure centres to provide consistent information and advice for carers within community settings</p>	<p>Positive feedback from carers about the quality, consistency and timeliness of information and advice in York.</p> <p>More carers will register with York Carers Centre.</p> <p>More carers will say they have found it easy to access information and advice about support services.</p> <p>More carers will say that the information and advice they have received has been helpful.</p>	<p>All members of the York Carers Strategy Group will work collectively to develop agreed co-production standards.</p> <p>Other key partners will include:</p> <p>Healthwatch York York CVS York Explore Libraries Talking Points Children’s Centres Community centres Leisure centres Places of worship and faith based groups.</p>

THEME 2: I am supported in my caring role, and am able to live a life of my own.

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Provide personalised and timely support for carers and the cared for so that their quality of life is improved</p>	<p>We know that many carers find it easier to continue in their caring role if they can get some assistance. Timely interventions can make a huge difference to carers and help maintain people's independence.</p>	<p>Different groups of carers need assistance in relation to their own individual needs and the needs of the person they care for. For example older carers, parent carers, working carers, carers of people living with dementia, a learning disability or autism all require individual assessment and support.</p> <p>Alongside cross-cutting interventions we recognise that there are actions that we need to put in place tailored to specific groups of carers. These are set out in the various actions in Theme 2 (as per below).</p>	<p>Increased numbers of carers engaged with ongoing support, with positive feedback received from carers, the cared for and carers' organisations about their experiences of accessing services in a timely and effective manner.</p> <p>Many of the outcomes in this theme will be monitored through the Survey of Adult Carers in England (SACE) which asks carers, on a biennial basis, their opinion about the services and care they receive from local authorities and other providers. The survey also asks carers about their health, happiness and wellbeing. Responses to the 2018-19 survey in York will be used as a baseline against which to measure improvement.</p>	<p>All public, private and voluntary sector partners in the city.</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Provide personalised and timely support for older carers.</p>	<p>We know that a significant proportion of carers in York are elderly, as are the people they are caring for.</p> <p>We know that older carers are spending an increasing amount of time caring - and are more likely to have to look after people that suffer from multiple health issues, whilst not reporting particularly good health themselves.</p>	<p>We will work towards the development of a sustainable homecare model in York. (Without this the strain that is currently being placed on older, and other, carers will persist).</p> <p>We will support the development of the new neighbourhood homecare model - proactively exploring alternative ways of meeting the needs of homecare and reablement customers, creating capacity in the homecare marketplace and easing the burden on carers.</p> <p>We will make sure that homecare providers are building strong relationships with carers and wider community support networks e.g. Community Nurses, GP Practices, Local Area Co-ordinators etc.</p> <p>.</p>	<p>Close working relationships are established between homecare, primary healthcare and community and voluntary sector partners at a local level to support both carers and the cared for.</p> <p>There will be a measurable increase in the timeliness, availability, quality and diversity of homecare provision in the city of York.</p>	<p>The Homecare Working Group will lead this piece of work and will report progress to the York Carers Strategy Group.</p> <p>Key partners taking this agenda forwards will include City of York Council, Community Catalysts and Yorkshire Housing.</p> <p>Wider partners to include Local Area Co-ordinators, Community Nurses, GPs, Talking Points etc.</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Provide personalised and timely support for young carers and young adult carers.</p>	<p>Caring responsibilities can help children and young adult develop a number of life skills and be a positive experience. However, some young carers find themselves isolated and hidden from support.</p> <p>Service providers may focus on the health condition of a family member and not acknowledge or recognise that a child or young person is providing care that is beyond their experience or capability.</p> <p>Children may miss out on their education and social life through inappropriate caring responsibilities</p> <p>Many young carers are struggling struggle to live a life of their own, make friends or socialise. For some this means they are unable to achieve well at school. Many feel as if they have no choice other than to provide care and do not know their rights or who to turn to for support.</p>	<p>We will make sure that young carers and young adult carers are supported to make informed choices about their future, enabling them to lead independent and fulfilling lives.</p> <p>We will make sure there is a shared commitment that no child or young adult in York is disadvantaged because they have caring responsibilities.</p> <p>We will actively promote the York Carers Centre young carers and young adult carers' services.</p> <p>Members of the York Carers Strategy Group will support York Carers Centre to provide a range of age appropriate activities responding to the needs of young carers in York.</p> <p>We will engage schools and colleges to recognise the problems young carers face and adopt ways to identify and support them through education.</p> <p>We will work with the council Housing Service to ensure that young adult carers are able to access social rented, affordable rented and intermediate housing.</p>	<p>More child and young adult carers are identified.</p> <p>More child and young adult carers feel supported.</p> <p>Improved educational attendance and attainment amongst young carers and young adult carers.</p> <p>New initiatives for young carers are launched, or existing services extended to support child and young adult carers.</p> <p>More young carers and siblings will be supported to have the same life chances as other people.</p>	<p>All members of York Carers Strategy Group, actively supported by schools, further and higher education institutions, Children's Centres and the wider voluntary & community.</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Make sure that carers are able to maintain their health and wellbeing.</p>	<p>We recognise the vital importance of encouraging carers to be mindful of their own health, wellbeing and role in self-care.</p> <p>We know that many carers in York are neglecting their own health in order to support the people they are looking after.</p>	<p>All carers will be encouraged to register as a carer at their GP practice.</p> <p>Each GP practice in York will hold, and actively update a Carers Register, listing all known carers on their practice list.</p> <p>All carers will be offered an annual health check by their GP and be offered other benefits when necessary, such as a free flu vaccine.</p> <p>Each GP practice also holds a Long Term Conditions register. Patients on these registers will be contacted to find out who is supporting them, thereby identifying potentially hidden carers.</p> <p>If the GP Practice has access to the Ways to Wellbeing social prescribing scheme it will actively refer carers to this service.</p>	<p>Fewer carers say that they are not looking after themselves well enough.</p> <p>Fewer carers say their health is suffering due to their caring role.</p>	<p>Vale of York Clinical Commissioning Group.</p> <p>All GP Practices in York.</p> <p>York CVS Ways to Wellbeing Service.</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Opportunities to take a break are accessible to carers in York.</p>	<p>Having a regular break can help carers continue in their caring role and maintain their own health and wellbeing. Carers in York have told us that there are not enough opportunities to take a break.</p> <p>Carers for older people and the parents of children with disabilities have told us that they find it particularly hard to take a break.</p> <p>We recognise the vital importance of short breaks and their fundamental importance in avoiding long term care, and preventing the breakdown of caring arrangements.</p>	<p>We know that we need more short break facilities for carers of all ages and backgrounds e.g.</p> <ul style="list-style-type: none"> • Services allowing a break from caring at short notice or in an emergency. • Services allowing a break from caring between 1 and 24 hours, and 24 hours plus. (To include one off and regular, planned breaks). <p>Getting results will be extremely challenging. There is currently no incentive for care and nursing home providers to make short break units available (due to the sporadic nature of requests and resultant loss in income due to voids).</p> <p>We will form a Working Party to develop a 5 year plan around the provision of short breaks. This will look at the above and other initiatives e.g.</p> <ul style="list-style-type: none"> • A standby service to provide care at short notice within the home environment in situations where the carer has reached breaking point. • Better publicity and co-ordination of existing short break services e.g. Yorkshire Housing, Age UK and Crossroads Care. • More short break services and facilities for adults and children with disabilities. • More take up of Carers Direct Payments to facilitate personalised short breaks. 	<p>More carers benefitting from flexible services and short breaks, particularly from under-represented groups.</p> <p>Fewer carers say that they feel socially isolated.</p> <p>More carers say that there has been an improvement in their quality of life.</p> <p>More carers say that they are able to spend some time doing things they value or enjoy.</p> <p>Fewer carers say that they have little or no control over their daily lives.</p>	<p>Short Breaks Working Party (reporting to York Carers Strategy Group)</p> <p>Membership to include: CYC adult social care staff, domiciliary, care and nursing home providers, learning disability supported living providers, York Carers Centre etc.</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Supporting carers to access and remain in employment.</p>	<p>Carers in York have told us that they are struggling to balance their caring role alongside employment responsibilities.</p> <p>We need to encourage more employers in York to recognise and support people who are juggling work with a caring role.</p> <p>We need to make sure that carers recognise their rights in the workplace.</p>	<p>Promote umbrella membership of the Employers for Carers scheme to all SME organisations in York.</p> <p>Actively encourage all employers in York (across both the private and public sectors) to implement carer-friendly practices within their workplaces</p> <p>Educate more carers about their employment rights.</p> <p>We will work with JobCentre Plus to offer tailored assistance to help carers back into employment.</p>	<p>Small and medium sized enterprises and public sector partners are accessing the Employers for Carers website (and downloading training materials, good practice guidance for supporting carers etc).</p> <p>Fewer carers are having to give up work, or work part-time, due to their caring responsibilities.</p> <p>More carers feel that they are being treated with dignity and respect within the workplace, and feel supported by their employer.</p>	<p>City of York Council</p> <p>York Carers Centre</p> <p>Private and Public sector employers in York.</p> <p>Make It York</p> <p>JobCentre Plus</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Strengthen and sustain the York Carers Centre (YCC) to make sure it continues to act as an outstanding provider of generic and specialist support for carers of all ages and backgrounds.</p>	<p>We know the value of having a single point of contact for all carers.</p> <p>We want to ensure that all carers who look after a relative, friend or neighbour receive the help they are entitled to.</p> <p>York Carers Centre offer information and advice including benefits, community care, employment, education and training and can help carers to plan for emergencies.</p> <p>YCC also provides an opportunity to talk, face-to-face, with a member of staff, a regular newsletter and information about other sources of support.</p>	<p>Continue to support York Carers Centre to offer specialist services for carers of all ages and backgrounds, increasing the capacity of existing provision - also enabling the centre to develop new activities and services.</p> <p>Make sure that all partners support the Carers Centre to extend the range and scope of services offered.</p> <p>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to consider funding a dedicated YCC Mental Health Support Worker post to support carers for people with mental health issues.</p> <p>Vale of York Clinical Commissioning Group (VoY CCG) to consider an increase in the annual amount of funding it contributes to the City of York Council Carers Services contract.</p>	<p>Carers will have more confidence in, and access to, a range of quality services and support tailored to their individual needs and preferences.</p> <p>More carers accessing financial support and benefits advice.</p> <p>More carers registering with the Carers Emergency Card Scheme.</p> <p>More carers accessing peer support groups e.g. mental health, dementia, and substance misuse.</p> <p>Carers of different ages and with different needs will be able to tap into the right support, when they need it, in the way that they choose.</p> <p>More external funding will be secured by YCC, with collaboration and support from York Carers Strategy Group members</p>	<p>All members of the York Carers Strategy Group.</p>

THEME 3: My voice is heard, and my feedback makes a genuine difference.

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
<p>Make sure carers are involved in planning the specific services and support that both they, and the person they care for, receives.</p>	<p>Carers have in depth knowledge of the person they care for and their support needs.</p> <p>Often they have gathered a lot of information about the specific condition of the cared for.</p> <p>They may be able to remember when the person with care needs cannot, or they may understand the way the other person communicates when other people do not.</p> <p>They will often be familiar with a number of services the cared for is receiving and be able to co-ordinate overall support, avoiding duplication and repeating information.</p> <p>Carers are an asset to the care for the cared for, and their caring role should be recognised as an integral part of any care planning.</p>	<p>Opportunities for carers to influence the design and delivery of local services will be created through user engagement protocols by service providers.</p> <p>York Hospital Trust will review patient admission and discharge documentation to ensure it prompts consideration of, and engagement with, carers.</p> <p>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) will encourage more service users and carers to register with the Involvement and Engagement Team</p> <p>TEWV will make sure that the recommendations in the Triangle of Care programme (and the Triangle of Care Action Plan) are fully implemented locally.</p> <p>TEWV will make sure that carers and families are fully engaged in service planning for the new mental health hospital in York.</p>	<p>Fewer carers say that they are excluded from decisions about the care that the person they are looking after receives.</p> <p>More carers say they are respected, listened to and acknowledged by service providers as expert partners in care.</p> <p>More carers say they are satisfied with the support that they (and the person they care for) have received from health and social care services.</p> <p>Carers will have more confidence in, and access to, a range of quality health and social care services, tailored to their individual needs and preferences.</p> <p>Notes from meetings evidence carer engagement with statutory services, and that professionals are regularly attending Carers Action Group and Carers Mental</p>	<p>All members of the York Carers Strategy Group, particularly City of York Council, TEWV, York Hospital Trust and the Vale of York Clinical Commissioning Group.</p> <p>York Carers Action Group</p> <p>York Carers Mental Health Peer Support Group</p>

Outcome	Why are we doing this?	What will we do?	How will we know we have been successful?	Who will lead?
		TEWV and York Hospital Trust will work with members of the York Carers Strategy Group to develop and promote carer engagement protocols by 1 st April 2020.	Health Peer Support Group meetings. Carers Action Group members and the Carers Mental Health Peer Support Group are engaged in the development of user engagement tools / protocols with the TEWV, York Hospital Trust and City of York Council.	
Ensure that young and young adult carers have the opportunities to be heard.	We know that young carers and young adult carers have limited opportunities to be heard. This is exacerbated by a lack of recognition from professionals regarding their caring role and young carer's lack of understanding about their rights and entitlements.	Develop creative approaches for young and young adult carers to engage with professionals and service providers e.g. through the Young Carers Revolution initiative	Young carers will be supported to have a strong voice that influences improvement, will be respected as partners in care, and be supported to have the same life chances as other people. Notes from meetings evidence young carer engagement with statutory services, and that professionals are regularly interacting with the Young Carers Revolution Initiative. Numbers of young adult carers engaging with statutory partners, and the type of engagement, will be monitored.	All members of the York Carers Strategy Group, particularly City of York Council, TEWV, York Hospital Trust and the Vale of York Clinical Commissioning Group. Young Carers Revolution Initiative



Health and Wellbeing Board**11 September 2019**

Report of the Humber, Coast and Vale Health and Care Partnership
Director

**Health and Wellbeing Board Briefing Paper: Humber, Coast and
Vale Partnership Long Term Plan****Summary**

1. This report provides a briefing for Health and Wellbeing Board members about the development of the Humber, Coast and Vale Health and Care Partnership Long Term Plan. The briefing is at Annex A to this report.
2. Chris O'Neill, Partnership Director and Linsay Cunningham, Strategic Lead for Engagement and Communications will be in attendance at the meeting to present the report.

Background

3. Background information is contained within Annex A.

Consultation

4. An extensive programme of engagement with stakeholders has been undertaken to enable a range of voices and perspectives to inform the plan and the priorities identified within it.

Options

5. There are no specific options for the board however they are asked to:
 - Note the update and provide comment and feedback
 - Endorse the ambition and priorities contained within the briefing at Annex A for inclusion within the submission to NHS England.

Analysis

6. When considering the briefing at Annex A and the ambitions and priorities it contains Health and Wellbeing Board should consider how these fit with its own strategic vision and priorities.

Implications

7. There are no known implications associated with this cover report.

Recommendations

8. The Health and Wellbeing Board are asked to
 - Note the update and provide comment and feedback
 - Endorse the ambition and priorities contained within the briefing at Annex A for inclusion within the submission to NHS England.

Reason: To keep the Health and Wellbeing Board up to date with the development of the Humber, Coast and Vale Partnership Long Term Plan.

Contact Details

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Chief Officer Responsible for the report:

Chris O'Neill
Director
Humber, Coast and Vale Health and
Care Partnership

**Report
Approved**



Date 29.08.2019

Specialist Implications Officer(s)

None

Wards Affected:

All

For further information please contact the author of the report

Background Papers: None

Annexes: **Annex A** – Briefing from the Humber, Coast and Vale Health and Care Partnership

Report to: City of York Council Health and Wellbeing Board
11th September 2019

Wards: All

Health and Wellbeing Board Briefing Paper
Humber, Coast and Vale Partnership Long Term Plan

Report of the Humber, Coast and Vale Health and Care Partnership Director

Executive Summary

This report provides a briefing for Health and Wellbeing Board members about the development of the Humber, Coast and Vale Health and Care Partnership Long Term Plan. The briefing provides an overview of the approach being taken by partner organisations within Humber, Coast and Vale (HCV) to develop a five-year strategic plan for our area, in line with expectations set out in the NHS Long Term Plan. It explains the approach being undertaken within Humber, Coast and Vale to involve local stakeholders in the development of the HCV Partnership Long Term Plan and asks members of the Health and Wellbeing Board to provide comment and feedback to contribute to the development of the plan.

Matters for Consideration

Members are asked to note the update given and provide comment and feedback to contribute to the development of the Partnership Long Term Plan.

In addition, members are asked to endorse the **ambition and priorities** to be included in the plan ahead of its submission to NHS England on 15th November 2019.

Background

Since early 2016, the organisations responsible for providing and commissioning health and social care services across the area known as Humber, Coast and Vale have been working together to address the challenges facing local health and care services both now and in the future. In October 2016, we published our outline plan for the Partnership, which set out our key goals and aspirations for our population. Since then, we have been working together to strengthen our Partnership and have made significant progress in a number of areas. Some of the Partnerships successes over this period include, securing £88.6m investment for A&E improvements and diagnostic equipment, putting in place specialist perinatal mental health services in each of our localities, launching the national diabetes prevention programme and building a new Child and Adolescent Mental Health Services (CAMHS) inpatient unit.

The NHS Long Term Plan was published in January 2019 and sets out ambitious plans for the next ten years that include transformation of health and care services to better meet the needs of the population and tackle some of the key challenges facing the NHS and wider health and care system partners, such as staff shortages and growing demand for services. This will involve a greater focus on preventing ill-health, giving people more control over their own health and care, whilst preventing illness and tackling health inequalities.

The NHS Long Term Plan covers the following key areas and sets out in detail:

- How the wider health and care system will transform the way it provides care to make it more joined-up and responsive to the needs of patients;
- The action the NHS, working with Partners, will take to strengthen approaches to prevention and addressing health inequalities;
- The priorities for improving the quality of care and the outcomes for local people by ensuring everyone gets the best start in life and improving care for major health problems such as cardiovascular disease and diabetes;
- How current workforce pressures will be tackled and staff will be supported to deliver health and care;
- A wide-ranging and funded programme to upgrade technology to see digitally-enabled care go mainstream across the wider health and care system;
- How the five-year NHS funding settlement will help put the NHS back onto a sustainable financial path.

Whilst the Long Term Plan was published by the NHS there was a clear recognition through the development and in the written document that it would require collaboration between health and care organisations to deliver and achieve the outcomes described. It emphasises the important role of local Partnerships, known as either, Sustainability and Transformation Partnership (STPs) or Integrated Care Systems (ICSs), to deliver these outcomes and new ways of working. All STPs/ICSs are required to produce their own Long Term Plan, setting out how they will start to deliver the requirements of the NHS Long Term Plan for their local populations.

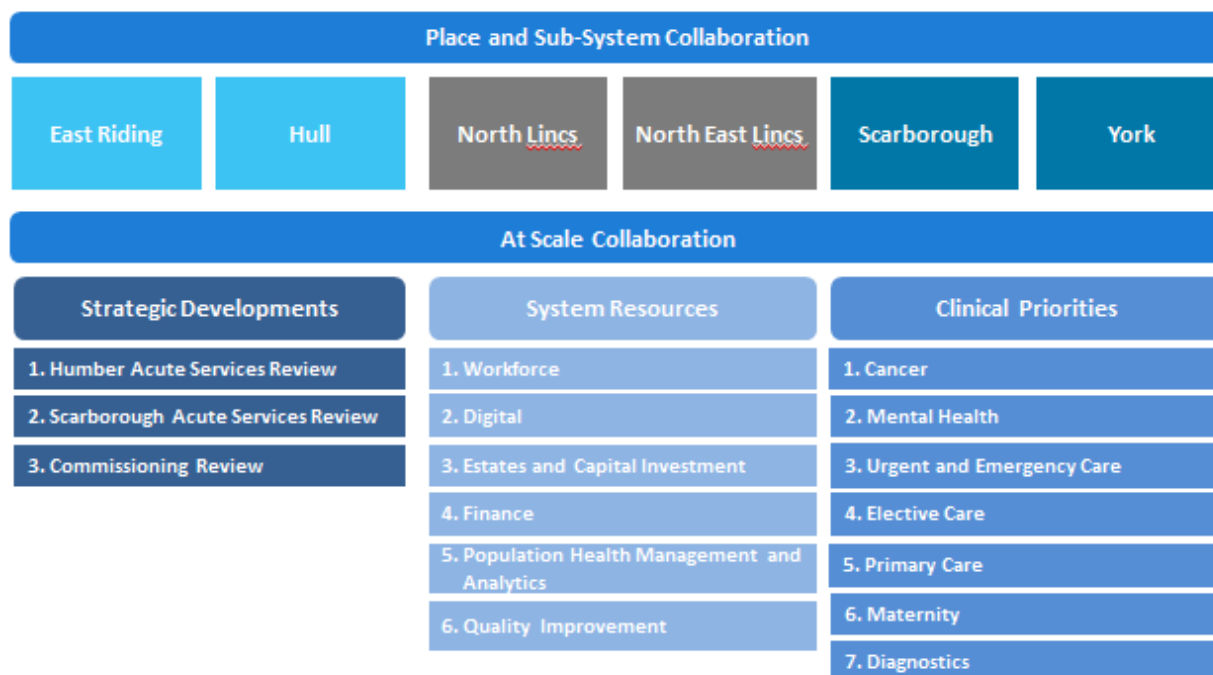
Developing the HCV Partnership Long Term Plan

Approach

The expectations of local Partnerships to develop a strategic plan were set out in greater detail in the Long Term Plan Implementation Framework, which was published in June 2019. In line with national requirements, our health and care partners are working to produce a Humber, Coast and Vale Health and Care Partnership five year strategic plan. This will be submitted to NHS England in draft form on 27th September 2019 with a final version to be submitted on 15th November 2019.

The development of the Humber, Coast and Vale Partnership Long Term Plan is being driven through our established collaborative arrangements. This includes partnership working within our local areas (known as “places”) or across more than one local area (referred to as “sub-

system” level) or across the whole Humber, Coast and Vale area (referred to as “working at scale”). This approach will ensure that our Plan is comprehensive, coherent and consistent. Our established arrangements are set out in the diagram below:



To meet the needs of our local populations and stakeholders, our Partnership Long Term Plan will include the following key elements:

- **Strategic plan:** a narrative that describes the improvements in health and wellbeing and service quality that will be delivered by the Partnership through to 2023/24
- **Supporting technical plan:** quantified planning assumptions for activity, finance and workforce through to 2023/24. This will also set the basis for the 2020/21 operational plans for providers and CCGs.
- **Engagement, engagement, engagement:** the plan will be built upon existing local strategies and have buy-in and support from local stakeholders.

Our Partnership Long Term Plan will set out our commitments to achieve the aims and ambitions of the NHS Long Term Plan in our region. In particular, it will identify the aspirations of our Partnership to improve the health and wellbeing of local people across Humber, Coast and Vale. The plan will describe our vision, priorities, values and ways of working, including examples to illustrate how these arrangements are being implemented in practice. The Partnership Long Term Plan is being developed according to the following key principles, ensuring that the plan is:

- clinically-led
- locally-owned
- addresses the required outcomes and objectives set out in the NHS Long Term Plan

- based on realistic workforce assumptions
- financially-balanced (over the 5-year planning timeframe)

To support local planning, NHS CCGs and STPs/ICSs have received five-year indicative financial allocations for 2019/20 to 2023/24 and the Humber, Coast and Vale Health and Care Partners are developing and agreeing five-year planning assumptions at sub-system level.

Engagement and Involvement

An extensive programme of engagement with stakeholders has been undertaken to enable a range of voices and perspectives to inform the plan and the priorities identified within it. This is in addition to ongoing engagement that is undertaken on a regular basis within each of our partner organisations, places, sub-systems and through our collaborative programmes that are working at scale across Humber, Coast and Vale. The programme of engagement and involvement that has been undertaken to produce the plan comprises the following three elements:

1. Audit of engagement activity to date (March to May 2019):

A report has been produced, that brings together existing intelligence from engagement and involvement work that has been carried out since the publication of the HCV Partnership STP submission in October 2016. The purpose of this exercise was to give a high-level view of what patients, the public and other stakeholders have told us about our work to ensure this is reflected in the emerging plan (see background papers for full report).

2. Engagement in the development of the plan (April to June 2019):

A broad-based engagement exercise with the public took place throughout Spring 2019 to gather views and perspectives on the NHS Long Term Plan to inform the development of the Partnership's Long Term Plan. This engagement work was nationally commissioned by NHS England but led by local Healthwatch across Humber, Coast and Vale and gathered the views of over 2000 local people through a variety of means including online surveys, face-to-face conversations and focus group discussions. This included a specific focus on hard to reach groups (see background papers for full report). In addition, each of the Partnership's constituent places and programmes have undertaken engagement with key stakeholders in the development of their draft plans as they identify and agree priorities, with a particular focus on clinical engagement.

3. Engagement on draft plan (July to September 2019):

Throughout the summer, engagement events have taken place with a wide range of stakeholders across Humber, Coast and Vale to review and refine the plans and priorities identified within each of our places, sub-systems and programmes that are working at scale across Humber, Coast and Vale. This engagement programme began with a Health and Care System Leaders Event in June 2019, where over 100 senior leaders (including executive and non-executive directors, elected and lay members) came together to contribute to and

review emerging plans across the Partnership's at scale collaborative programmes. This was followed by a series of five stakeholder engagement events throughout August and September, including one event dedicated to clinical engagement. Feedback gathered through these events has been incorporated into draft plans in an iterative manner, which will continue throughout the period from submission of the draft plan on **27th September 2019** to submission of the final plan on **15th November 2019**.

The focus of the Partnership Long Term Plan is to set out high-level ambitions and outcomes that partners across Humber, Coast and Vale will work towards delivering over the coming five-year period. Specific service change elements will still be subject to the same requirement to involve patients and the public, which remains the duty of the relevant organisation(s) responsible for implementing that particular change.

Outline of the HCV Partnership Long Term Plan

A high-level outline of key elements of the HCV Partnership Long Term Plan strategic narrative is attached as Appendix A. The content will build on our 2019/20 Partnership Operating Plan, which is seen as year 1 (see background papers). In addition to the information contained in the high-level outline plan, the partners across Humber, Coast and Vale are proposing the overarching ambition and priorities in the Partnership Long Term Plan as follows:

Our Ambitions

We want everyone in our area to: *start well, live well and age well*.

To achieve this we are working hard to create a health and care system that supports the health and wellbeing of everyone living within our area and that is there to help when people need it.

We want to become a health-improving system rather than an ill-health treating system, shifting the focus of health and care services from picking people up when they fall to helping to prevent people from becoming unwell and supporting more people to manage their health and health conditions at home wherever possible.

Our Priorities

The collaborative work across the Partnership will address the following key priorities:

- Helping people to look after themselves and stay well
- Providing services that are joined-up across all aspects of health and care
- Improving services in clinical priority areas (e.g. cancer, mental health, primary care)
- Making the most of all our resources (people, technology, buildings, equipment and money)

The Partnership has subscribed to a principle of subsidiarity, which means that most of the collaborative work undertaken by our health and care partners will happen at "place" level. Within each of our places, local health and care partners are focusing on integrating out of hospital services to ensure more responsive, joined-up care is available in all of our

neighbourhoods. This includes, amongst other things, the development of primary care networks, delivering enhanced health provision in care homes, supporting people with long term conditions to manage their conditions and working together to support people who are nearing the end of their lives. Work is being undertaken to develop population health management approaches within our places to support partners to better address health inequalities and improve health outcomes for local people. Health and Wellbeing Boards, as the local system leaders within each place, play a critical role in supporting and enabling local partners to work together to tackle the wider determinants of health and improve outcomes for whole populations.

Where it makes sense to do so, partners will continue to work together at scale on the priorities and programmes set out in the high-level outline plan (attached as Appendix 1). Further detail about the collaborative clinical programmes and work that will be included in the Partnership Long Term Plan is also set out on the Humber, Coast and Vale website.

Conclusions

This report has provided the Health and Wellbeing Board with an overview of the Humber, Coast and Vale Partnership Long Term Plan and process that has been undertaken to engage with stakeholders on the development of the plan. The Board is requested to endorse the high level ambitions and priorities that are set out in the paper, which will form the basis of the strategic narrative for the Partnership Long Term Plan.

Chris O'Neill
Director

Humber, Coast and Vale Health and Care Partnership

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Background Papers

- Engagement Mapping Report: https://humbercoastandvale.org.uk/wp-content/uploads/2019/07/HCV-Engagement-Mapping-Report_final.pdf
- Healthwatch Report: <https://humbercoastandvale.org.uk/wp-content/uploads/2019/07/Humber-Coast-Vale-Long-Term-Plan-Report-Final.pdf>
- HCV Partnership Operating Plan 2019/20: <https://humbercoastandvale.org.uk/wp-content/uploads/2019/06/HCV-Operating-Plan-MASTER.pdf>
- NHS Long Term Plan: <https://www.longtermplan.nhs.uk/>
- NHS Long Term Plan Implementation Framework: <https://www.longtermplan.nhs.uk/implementation-framework/>

Start well, live well, age well...

Our plans for the future of Health and Care in Humber, Coast and Vale

The [NHS Long Term Plan](#) sets out what the NHS of the future should look like. Local partnerships that bring together the NHS, Councils and local communities will help to make those changes happen. Our partnership of health and care organisations in Humber, Coast and Vale (HCV) is developing a plan that explains our aims and ambitions and how we plan to make the future described in the NHS Long Term Plan a reality in our area.

At a local level:

A really important part of our HCV Partnership Long Term plan is continuing the work we are doing together to improve the health and wellbeing of the local population in each of our “**places**” – these are the areas covered by each NHS Clinical Commissioning Group (CCG) or local Council. Sometimes, where it makes sense to do so, we join up across more than one place to plan and improve services – we refer to these areas as “**sub systems**”.

In our places and sub systems our plans will focus on three main areas:

Helping people to live healthier, happier lives

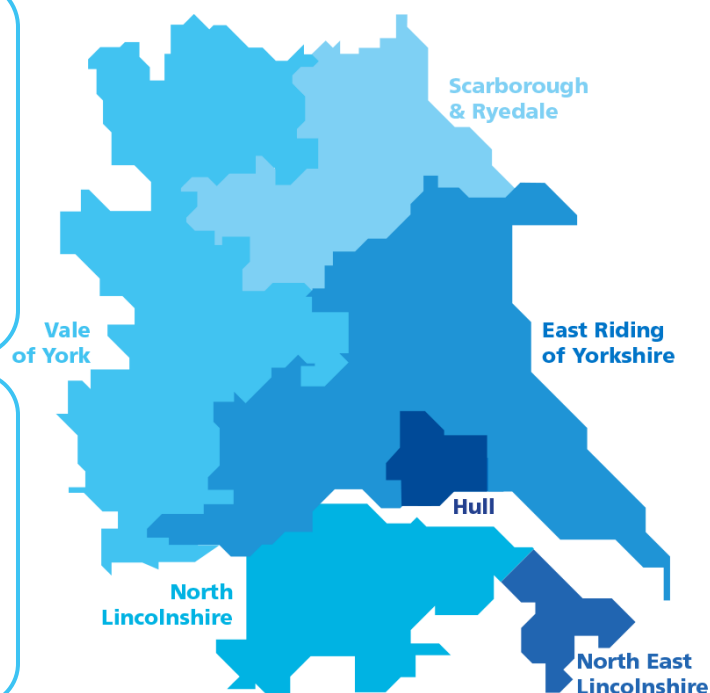
There are many things that affect a person’s health. We are working together to improve things like housing, access to jobs and the environment. We are also investing in things that help prevent people becoming unwell and supporting them to manage their own health and health conditions

Joining up health and care services

We are working together to join up different health and care services so that GPs, hospital teams, district nurses, mental health teams, social care staff and other health professionals in an area can work as one team to support peoples’ needs.

Spending our money better together

The NHS and local Councils commission (“buy”) health and social care services for an area. By working together we can spend our money once and use our different expertise to make sure we are investing in the right things for our populations.



Across Humber, Coast and Vale:

There are some areas where we can make bigger and faster improvements by working together across a larger area – we talk about this as “working **at scale**”. By working together across the whole Humber, Coast and Vale area, the health and care organisations want to make improvements in three main areas:

<p>Clinical Priority Areas</p> <ul style="list-style-type: none"> • Cancer • Mental Health • Primary Care (GP services) • Urgent and Emergency Care • Elective (Planned) Care • Maternity Services 	<p>Strategic Developments</p> <ul style="list-style-type: none"> • Providing the best possible hospital care within the resources available • Commissioning at the right level to meet the needs of the population 	<p>Making the most of our resources</p> <ul style="list-style-type: none"> • People • Buildings • Technology • Money
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We will focus on making changes in six clinical priority areas to better meet the needs of people in our area. Some of the ambitions for improving services in these areas include:

<p>Cancer</p> <p>We want to help people to reduce their risk of developing cancer and to be able to spot the signs of cancer so we can treat more people sooner.</p> <p>We want to improve access to services for all communities: e.g. putting in place a radiology network so a radiologist can read a scan remotely and patients can get a faster response.</p>	<p>Mental Health</p> <p>We want to improve the support that is offered when people are diagnosed with dementia.</p> <p>We want to make sure no one needs to go outside of our area for inpatient treatment.</p> <p>We want to reduce the number of suicides in our area and are putting in place a suicide prevention strategy.</p>	<p>Primary Care</p> <p>We want services in local communities to be much more joined-up to support people with more of their health and care needs outside of hospital.</p> <p>We want to link up GP practices across an area to work together better (these are called Primary Care Networks).</p> <p>We want to improve digital</p>
<p>Maternity</p> <p>We want to ensure women have good information and can make choices about their maternity care.</p> <p>We want to reduce the number of still births</p> <p>We want more women to be cared for by the same midwife or team of midwives throughout their pregnancy, birth and after birth.</p>	<p>Unplanned Care</p> <p>We want everyone to be able to get urgent advice and access to appropriate treatment 24/7 via NHS111 or online.</p> <p>We want to reduce the number of people stuck in hospital who don't need to be there.</p> <p>We want to improve the way we support our frail older people when they become unwell and need urgent help.</p>	<p>Planned Care</p> <p>We want to transform hospital outpatient services to reduce unnecessary travel and improve the service offered.</p> <p>We want to reduce the number of people developing Type 2 Diabetes by continuing with the National Diabetes Prevention Programme.</p> <p>We want to improve waiting times for planned surgery.</p>